

The Medical Environment.

BY

D. CAMPBELL BLACK, M.D., F.R.S.E.

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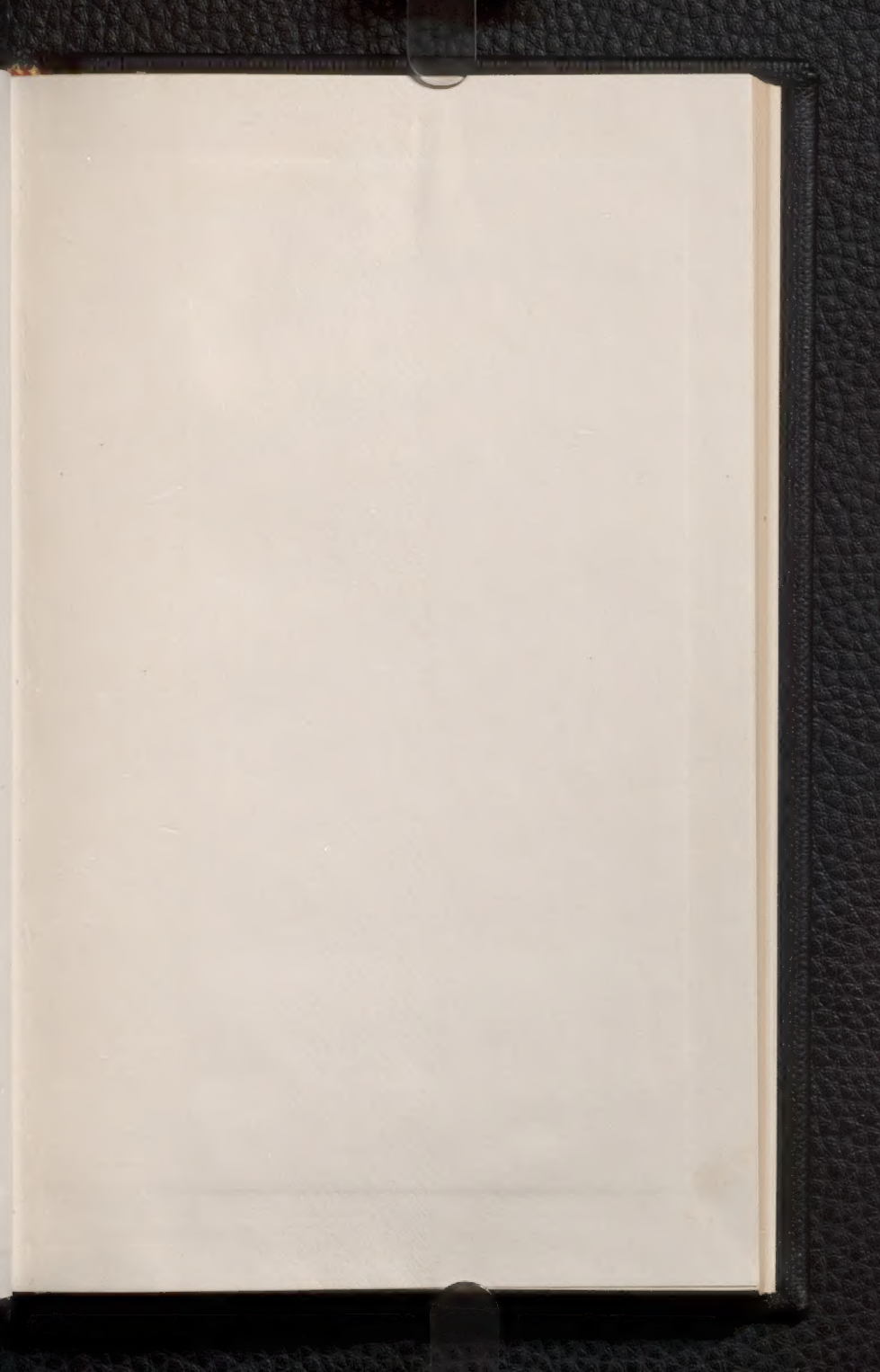
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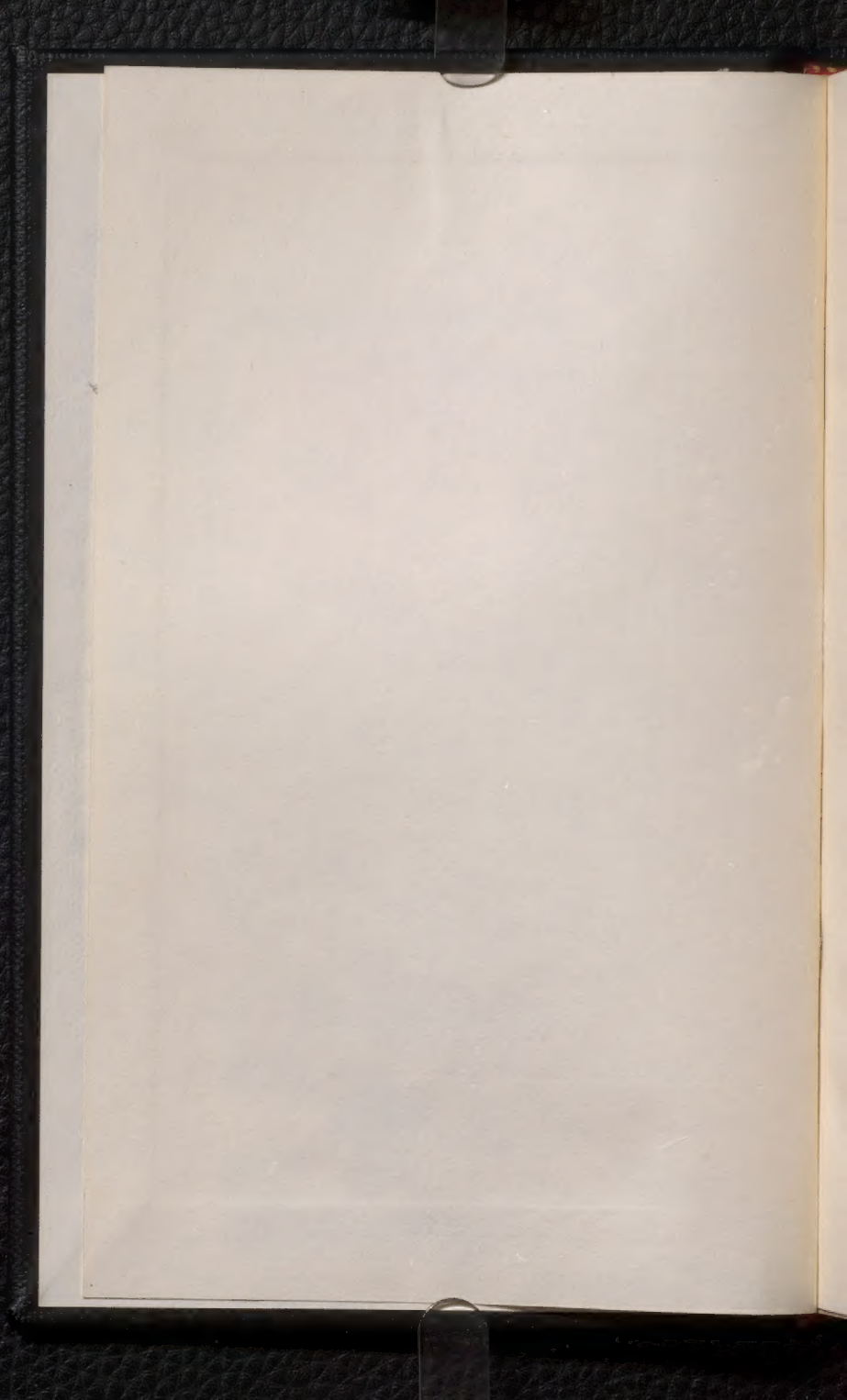


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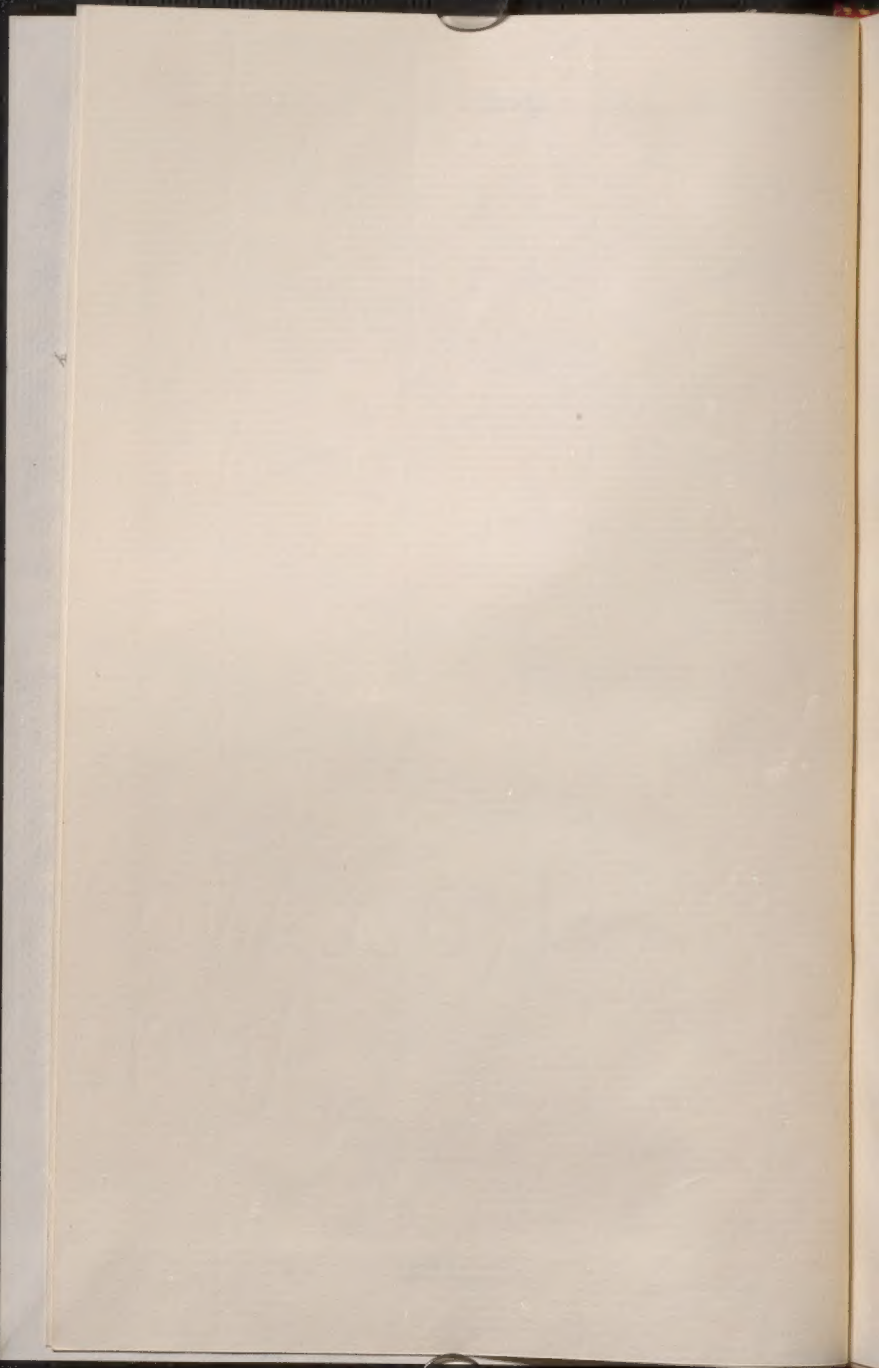
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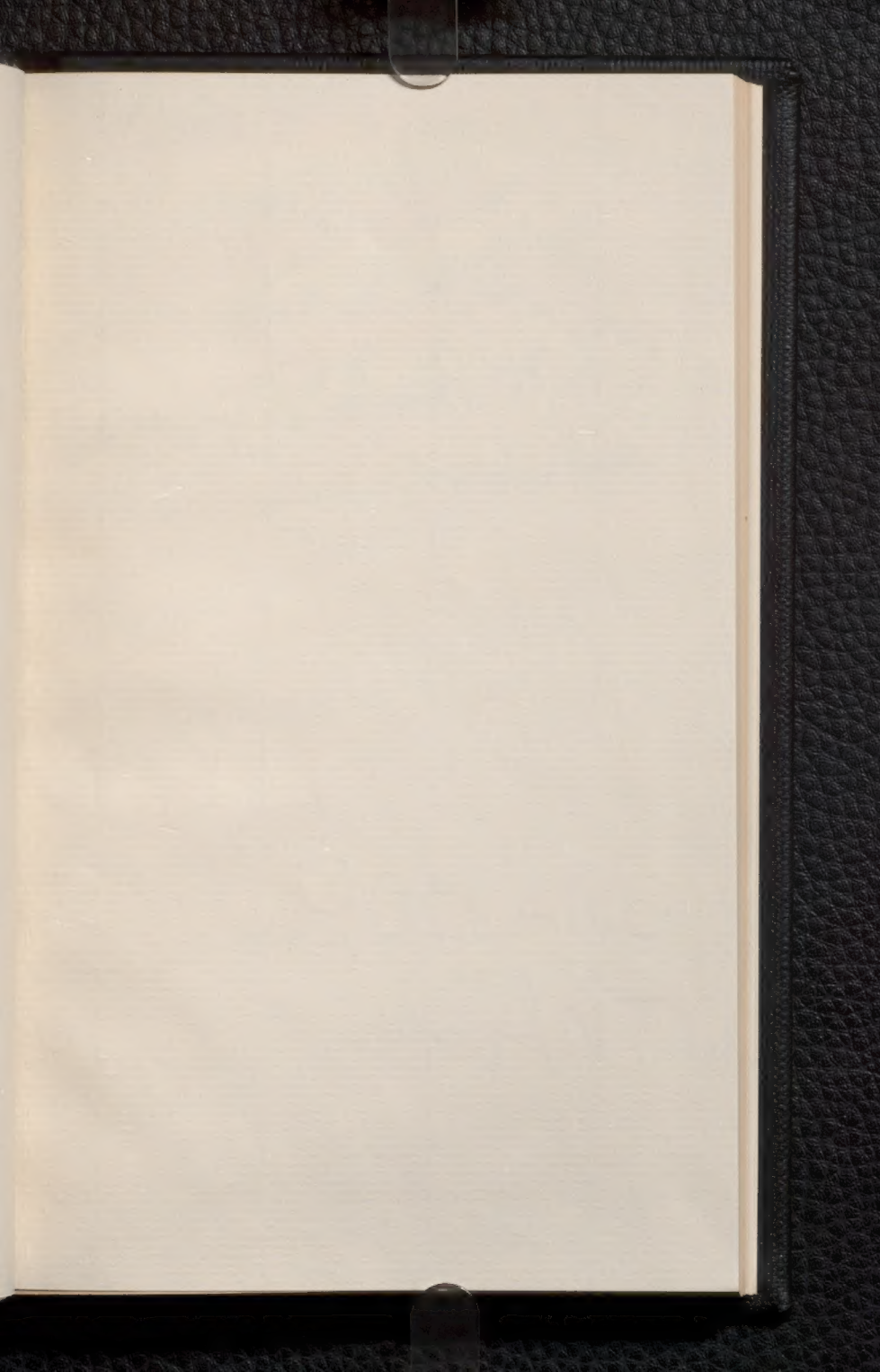


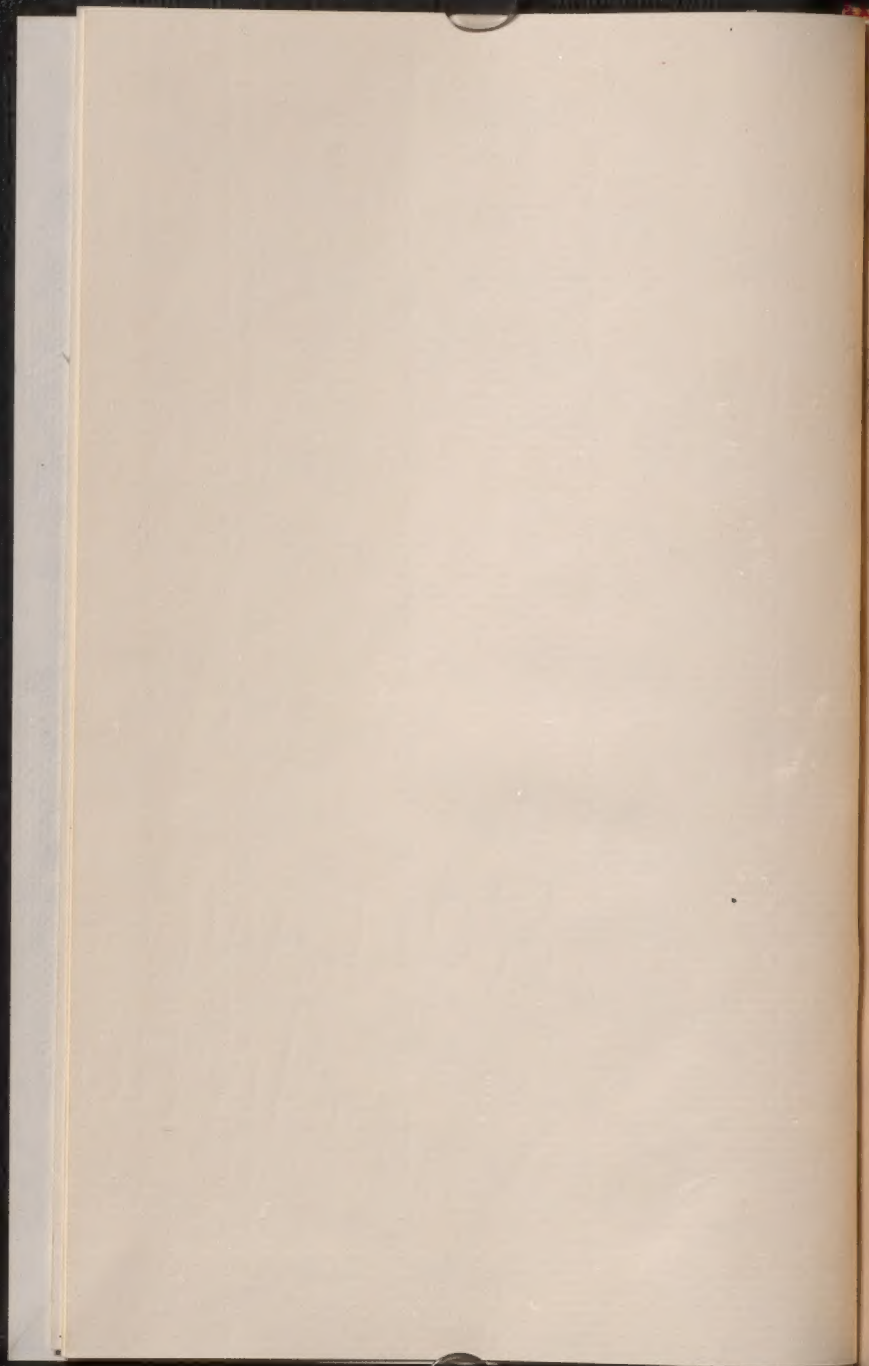


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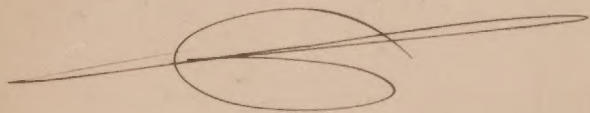






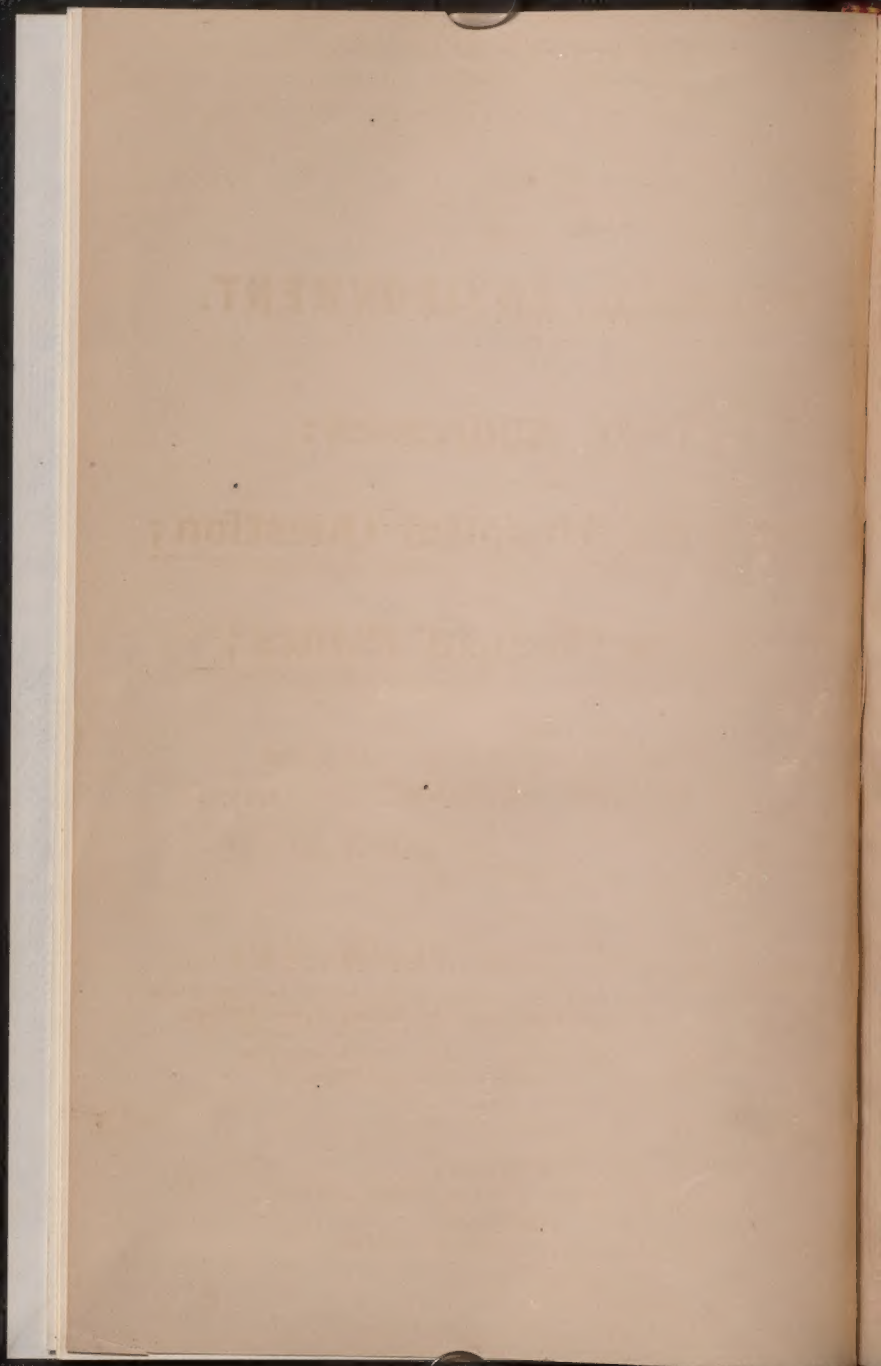
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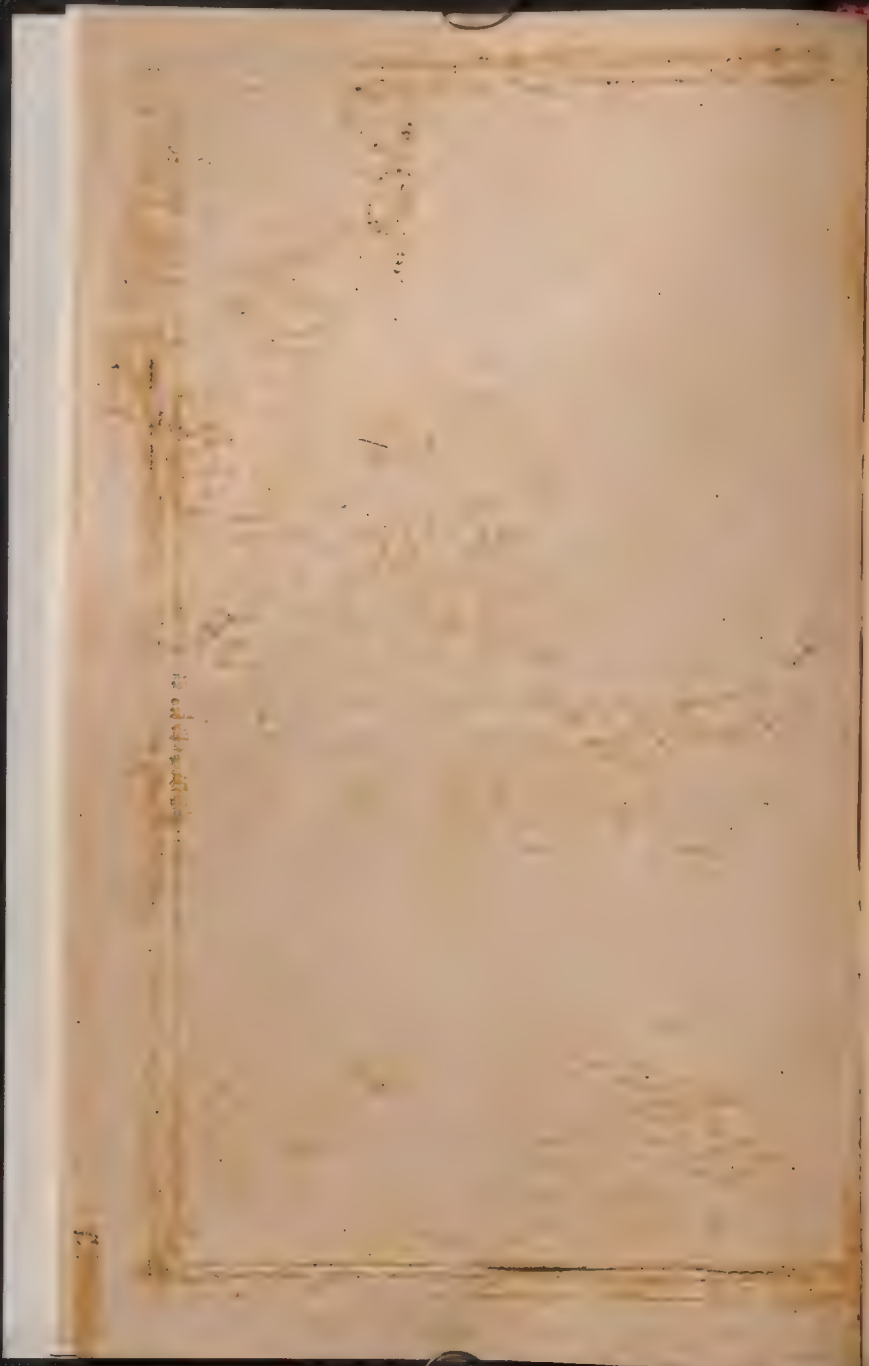
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— THE —
MEDICAL ENVIRONMENT.

Two Addresses :

(a) On the Hospital Question ;

(b) On Medical Ethics ;

“Γνώσει δὲ τὰδ’ ὥς ἐτυμ’, οὐδὲ μάτην
χαριτογλωσσεῖν ἐνι μοι.”

By **D. CAMPBELL BLACK, M.D.,**

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Medical School; Senior Assistant-Physician to the Glasgow Royal Infirmary
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I DEDICATE

THE FOLLOWING PAGES (MY GREAT REGRET IS THEIR UNWORTHINESS) TO THE MEMORY OF ONE I LEARNED AS A STUDENT, TO LOVE AND VENERATE; WHO PROFESSIONALLY FLATTERED ME BY THE BESTOWAL OF HIS FRIENDSHIP ON ME; WHOSE RIPE SCHOLARSHIP AND NATURAL GIFTS WERE THE ENVY AND ADMIRATION OF ALL WHO KNEW HIM, AN ORNAMENT TO HIS PROFESSION, AND A TYPICAL SCOTCH GENTLEMAN—

ANDREW BUCHANAN, M.D.,

PROFESSOR OF PHYSIOLOGY IN THE UNIVERSITY OF GLASGOW, AND
PRESIDENT OF THE FACULTY OF PHYSICIANS AND SURGEONS.

D. C. B.

Glasgow, September, 1896.

PREFACE.

I have been induced to put these Addresses in their present form in consequence of the interest which they have created at a distance, and their approval by members of the profession, for whose opinions I entertain respect. That they will meet with universal approbation I am neither vain enough nor ignorant enough to anticipate. They deal with matters eminently controversial, and if there is one thing more characteristic than another of the medical mind *it is intolerance*.

Truth, however, is a thing to be proclaimed from the house-tops, not to be whispered over the walnuts and the wine when the ladies leave the table. While, so far as I am capable of judging, everything contained in these addresses *is true*, I quite anticipate that the directness of speech here and there employed will ruffle the refined sensibilities of some nice people with nasty ideas. I plead in extenuation that the addresses were delivered to medical students, who, with their fair share of human failings, are after all the most honest and the most generous class of young men with whom one can come in contact, and that of whatever literary mannerisms I may be accused, neither euphemism nor equivocation can justly be laid to my charge.

The Address "On the Hospital Question" requires no apology nor extenuation. It speaks for itself. Point has been given to the Address "On Medical Ethics" by the violence of educated gentlemen at the recent meeting in Carlisle. How fiery and inflammable the subject is was there amply demonstrated! Further, it was painfully evidenced that the Journal of the British Medical Association, in the hands of a not too scrupulous clique, is used as an instrument of torture and oppression, submission to which can in no sense be regarded as a virtue. Who is this "moral expert"—this veiled Prophet of Khorassan, in the solitude of a grotto in the Strand, until he is turned on by the Council of the British Medical Association to "deal damnation round the land" on all *they* judge their foes? "Professional Ethics cannot be put in a written form. They are essentially 'unwritten.' To write them would be to spoil them." (*Lancet*, 8th August, 1896). It is a preposterous absurdity to expect medical practitioners throughout the world

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to be morally regulated by this *deus ex machina* of the *British Medical Journal*, in his Sibylline retreat, and it is the duty of the profession, were the task equal to one of those of Hercules, to strangle the python.

Offence, then I doubt not, I shall certainly give, but I console myself with the aphorism of St. Jerome: If an offence come out of the truth, better it is that the offence should come than that the truth should be concealed.

D. C. B.

Glasgow, September, 1896.

P.S.—There is one point which seems to have escaped the debaters in the Ethical Section at Carlisle. If it be so particularly heinous for the name of a medical man to appear in the newspapers in connection with any medical matter, then why are the meetings of the Association not held *in camera*, and the appearance of the various papers (especially those of our moral censors), in all the newspapers throughout the country, not prevented?

OUT-DOOR MEDICAL AID.—In October last, 1895, Stepney Guardians adopted a plan for providing medical assistance for the out-door sick poor in case of emergency. They decided to pay any duly-qualified doctor who might be called, and owing to its success the scheme has now been made permanent. This is exactly what I contend for in the following Addresses. People so poor as to be unable to pay for Medical Assistance should be thus provided for by the State *under the Poor Law*. All the rest should pay for Medical Attendance as they do for other necessities.

In the *British Medical Journal* of June 6th, 1896, the Moral "Expert" of the Journal replies to a correspondent seeking "more light," that a large number of breaches of Medical Ethics "result from a selfish disregard of the plain moral law of doing unto others as we ourselves would wish to be done by—a conscientious fulfilment of which would tend to render all ethical codes superfluous." Precisely so. Then why does this "Moral Expert" continually vilify members of the profession, as honourable as he can possibly be, for con-

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duct which can in no sense be held as a violation of this "plain moral law," and when they have no other code of honour or morals to guide them? *Vide* APPENDIX.

ERRATUM. --Surgeon-Captain Raye's club (Address on Medical Etiquette, pp. 47-48) did not amount to 5,000 members.
D. C. B.

ON THE HOSPITAL QUESTION.*

"People are getting dimly sensible that all our social affairs and arrangements, all but the money-safe, are pretty universally a falsehood—an old-established hypocrisy . . . for we are a people drowned in hypocrisy, saturated with it to the bone."—*Carlyle*.

O! vice of English men, and women too,
Worst foe of what is beautiful and true,
Showing the canker in the young green tree,
Prophetic of the dry-rot yet to be;
O! vile hypocrisy, the nation's bane,
With thee no mind is pure, no body sane.—(*The Siliad*).



ENTLEMEN,—My opening words to you to-day must convey to you my cordial sense of the honour which you have done me in electing me to the office of Honorary President of Anderson's College Medico-Chirurgical Society. For the past three-and-twenty years, a considerable span in the life of any man, I have

come into close relationship with the youth of my profession, many of them now worthily occupying distinguished and honourable positions, and I delight to think on retrospect how much my life has been sweetened thereby—by intimate and friendly association with men,

Just at the age twixt boy and youth,
When thought is speech and speech is truth.

—how much gentlemanly forbearance, despite of necessary difference of opinion, I have invariably experienced in my best efforts to do my duty to the profession, to them, and above all to my own sense of what I felt to be due to honesty of purpose, and unflinching devotion to what I believed to be the right. Wrong I may often have been; I make no pretension to perfection; oblique or dishonest, never.

*An address delivered to the Anderson's College Medico-Chirurgical Society, on the 7th December, 1895.

I am not then a "superior person." *Homo sum, nihil humani a me alienum puto.*

This morning I shall probably give expression to much with which you will not all agree, but whether agreeing or disagreeing with me, I have, from experience, one consolation at least—a paramount one—I know that you will do me the justice to believe that my sentiments express my mature and honest convictions, and that they are not tainted by the stain of selfishness, or the desire of personal aggrandisement.

I take it that it will be somewhat of a relief to you to escape for a short time from the dry technicalities of your more immediate studies, and I therefore invite you to reflect with me, for a little time, on one or two controversial questions which will interest you the more, as the former will vanish from your mental vision. I have no doubt that most of you indulge the day-dream, that in the very near future, your first year's professional income will be represented by at least four figures, splendid equipages, large houses, and numerous and interesting "olive branches," for which you, and not the State, will be expected to provide. Do not think me cruel if my observations should tend to disillusionise you.

Achilles' and his father's javelin, pain first caused,
And then the boon of health restored.

Let me, then, as delicately as I am able, indicate to you a few of the troubles which you ought to anticipate, and the directions from which they spring. While the medical profession, in the hands of an honest man, is perhaps the noblest calling to which anyone can devote his time, talents, and education, it is entered upon by the great majority of young men for the purpose of earning an honest livelihood. I should then, at the outset, frankly tell you that the difficulty of earning a decent living in the medical profession, if you are handicapped by conscience and honour, accentuates as the years roll on, and that from no quarter is such a bare-faced and shameless invasion of the rights and legitimate interests of the medical profession so shamefully and persistently made as from that of meretricious charity, conventional, "respectability," and bastard sentimentality. We

have been born to an age of unhallowed shams. Hypocrisy and vice, arm-in-arm parade society, and the highest and best attributes of our poor humanity are trailed in the gutter to mask detestable vice. "Opium! Opium! I die—I die," I once heard a poor Mahommedan Lascar piteously exclaim. "Gold! gold! I die! I die," is the piteous exclamation of the Nineteenth-Century Christian.

If a man work not neither shall he eat, is an old and healthy axiom. It is one of the sociological bases of all properly-constituted communities. It may be regarded as a fundamental principle of political economy that useful work, or its equivalent, must be exchanged for all the luxuries or necessities of life. When such necessities and luxuries are obtained, save under exceptional circumstances, without such exchange, the natural results are as follow :—Firstly, those who live by the possession and the exchange of such necessities and luxuries are prejudicially affected in their just interests. Secondly, the indolent, and consequently unworthy, recipients are degraded and demoralised, for as Herbert Spencer remarks, "While a continual giving up of pleasures and continual submission to pains, is physically injurious, so that its final outcome is debility, disease, and abridgment of life, the continual acceptance of benefits, at the expense of a fellow-being, is morally injurious. Just as much as unselfishness is cultivated by the one, selfishness is cultivated by the other. If to surrender a gratification to another is noble, readiness to accept the gratification is ignoble; and if the repetition of the one kind of act is elevating, repetition of the other kind of act is degrading. So that though up to a certain point altruistic action blesses giver and receiver. beyond that point it curses giver and receiver—physically deteriorates the one and morally deteriorates the other. Everyone can remember cases where greediness for pleasure, reluctance to take trouble, and utter disregard for those around, have been perpetually increased by unmeasured and ever-ready kindnesses; while the unwise benefactor has shewn by languid movements and pale face the debility consequent on the

disregard of self, the outcome of the policy being destruction of the worthy in making worse the unworthy." Similarly says Ruskin, "You know how often it is difficult to be wisely charitable, to do good without multiplying the sources of evil. You know that to give alms is nothing unless you give thought also . . . It is impossible to spend the smallest sum of money for any not absolutely necessary purpose, without a grave responsibility attaching to the manner of spending it."* These are wise and weighty utterances, and are clearly pertinent to the present state of the medical profession, whose disintegration seems imminent. In the primitive conditions of society prowess and bloodshed were the equivalents interchanged for the necessities and luxuries of life. Incipient morality recognised them. That there were cruelties and injustice in its Protean forms under this moral code is indisputable; but it is doubtful if these were one whit more galling or more unjust, than the reflective robberies and oppressions rampant in present society, too often under the tattered garments of religious hypocrisies, and other forms of repellant dissimulation.

Food, clothing, housing, and I admit medical care and attendance, under the affliction of disease and misfortune, are justly regarded as necessities of life. It has been humanely provided by the legislature of this country, that if anyone is unable to give an equivalent for these necessities, either through misfortune or disease, the State will supply such requisites. Under these circumstances there ought to be no humiliation in accepting State aid. But these conditions alone, I maintain, justify an exception to the law of exchange above referred to. To furnish these necessities under other conditions is, as we

* The modern philanthropist jauntily sets aside the wisdom of the ages the necessities of evolution, and all that, and says the conditions of social health are the encouragement of personal dependence and the increase of pauperism. His remarkable therapeutic theory is that to cure a disease we must administer a remedy that in health should produce exactly the symptoms of the disease. He therefore seeks to cure pauperism by increasing the number of paupers and dependants. (Geo.: M. Gould.)

* There is no evil that is more ruinous than the awful one of communism. When a man gets that poison in his blood he will be a curse to the world until he is well hanged and everlastingly buried. There is no curse so fatal as the curse of striving to get something for nothing. (Ibid.)

have seen, not only to exceed wisdom, it is to cause injustice, it is to spread demoralisation, and to dislocate one of the most essential bases of a properly regulated state. It is to entail, as Mr. Spencer remarks, evil on all—evil on those for whom sacrifice is made as well as on those who make it. It need hardly be premised that I purpose illustrating the cogency and the wisdom of these generalisations by a survey of that most iniquitous oppression of the medical profession known as the hospital system—a system selfish in its aims, corrupting and demoralising in its influences, swindling the medical profession, and imposing on the public by its pharisaical “benevolence,” and its shoddy “Christianity.”

Taking a retrospective glance at the hospitals throughout the kingdom at the beginning of this century, we find that they were few in number, they existed before state organisation for the poor and suffering was instituted, and I doubt not for one single moment, that they were *then* the outcome of genuine pity and benevolence. At that time they were taken advantage of solely by the class for which the State now makes ample provision—the noble restraint of independence was then felt. The State, however, having taken the place of voluntary charity, the *raison d'être* of hospitals, as *charitable* institutions, disappears with one *coup*, and their revenues should be forfeited and applied to some other purposes of public utility and advantage. On this point I know I differ from friends for whose judgment I have every regard, but that is my opinion, and you can take it *quantum valeat*.

I do not know—it would be presumptuous on my part to speculate on it—whether there is such a thing as “natural law” in the “spiritual world,” as I have no conception whatever of the supernatural, but this I do know that there is such a thing as natural law in the social world, a law whose evolution is far-reaching in its influences and consequences. We have it on high authority that if two women be grinding at a mill [and they are just about as bad to manage as hospitals], the one [the more comely?] shall be taken and the other shall be left. I know

further, that if in the animal world an organ ceases to functionate it atrophies and disappears, and I believe that correspondingly in the social world two organizations professing to achieve the same end, cannot run side by side without mutual interference and injury. Apart then from the State organisation for the care of the poor and suffering, there is neither excuse nor justification for other expedients professing to accomplish the same end. All so-called charitable hospitals should then, I maintain, in nautical phrase, go by the board. As places existing for business purposes the question assumes a totally different aspect. If the Poor-Law system, or the State organisation, fail to perform its function it ought to be strengthened, remedied, or otherwise adjusted to public necessities, but this should not be attempted by running *pari passu* with it, a system begotten in selfishness and based, and perpetuated on fraud. Just as useless organs disappear in the animal world, so would this useless, mischievous, unnecessary social excrescence known as the hospital system, disappear as a benevolent system, but for the fostering care, the selfish interests of the medical profession, and the nauseating "benevolence" of morally dirty people. *This is the fons et origo mali.* Disguise it with all the affectation of which members of the medical profession are such accomplished experts, with all the sham-horror of professional advertising, the medical profession is the most masterly of all callings in its hypocritical devices to catch the public eye, and to accomplish this, and to acquire the experience without which it is absolutely impossible to be either an accomplished physician or surgeon, it finds in the hospital system the most convenient and popular medium, falsely based as it is on the best attributes of our common humanity, viz., benevolence and compassion. In the matter of professional success and distinction, opportunity is everything in medicine and surgery, and this opportunity is difficult to attain to too frequently without the sacrifice of much that goes to make character and moral dignity. Talent, honesty, integrity of purpose and character are "not in it." Don't delude yourselves that they are. I speak with

the authority of an experience of over thirty years as a medical practitioner, and I am sorry to tell you that the two paramount factors in a medical man's success are flattery and opportunity. It is perfectly undeniable that other things being equal, the man who has the greatest opportunity for observation, or the best facilities for acquiring the handicraftmanship of surgery, is likely to become the most accomplished physician or the most deft surgeon. The mole-eyed public even see this and fully recognise and appreciate it, and thus public patronage tends in the direction of the hospital physician or surgeon, and vanishes as the hospital connection ceases. Hence the accident of social position, flunkeyism, and the prostitution of religious or political convictions are all utilised to obtain the hospital position, and to secure and perpetuate its profitable monopoly. It is peculiarly characteristic of hospital physicians and surgeons, especially such of them as are incapable of contributing to the literature of their profession either original articles or books, that they are great purists in the matter of medical advertising. The secret of this virtue is that they do not require personally to advertise, as this is effectually done for them by reports, and through the large *clientèle* which passes through their hands.* There is another feature of outstanding advantage accruing from the teaching function at hospitals. The medical practitioners of the future pass through the hands of the hospital men, they have thus opportunities of becoming *personae gratae* to these young gentlemen whose minds are still *tabula rasa*, and thus the basis of consultation practice is established and maintained. While it is distinctly vulgar there is nothing easier than to "dress the window" for the student—*Dans le royaume des aveugles le borgne est roi.*

But there is another view of the hospital question to which I now invite your attention. It is argued by those not in the social swim which enables them to obtain hospital appointments, that if fame and

*I would be far from justifying advertising ways on the part of the younger man, but decidedly when the advertisement of the hospital means the advertisement of the men running the hospital, then I excuse the young non-hospital advertiser first and quickest. When Bigwig quits the trickery, Young Nobody will soon do so also.—G. M. Gould.

fortune can only be obtained in the medical profession by the gratuitous and indiscriminate medical treatment of all and sundry, and if this be laudable benevolence, it is not clear why the dispensation of benevolence should be vested in any particular section of the profession, or in any members thereof; and if Thomas and his friends have a right to found a hospital, so have Richard and Henry, no matter what harm may result to the profession or the public. As egoism is a primary and dominant instinct, as this case is one whose morality is not on a higher platform than *sauve qui peut*, competing hospitals and kindred institutions multiply, with their hysterical appeals for public sympathy and pecuniary support. Eliminating the fraudulent representation of "benevolence," I say that under such circumstances they come into existence with perfect justification. It is simply a fierce selfish struggle all round, glossed by affected and hypocritical virtue. This is the secret of the increase of hospitals everywhere, and which are cruelly crushing out of professional existence the poorer and younger members of the medical profession, whose complaints are drowned by the canting of well-paid secretaries, and the Corybantic appeals of hysterical women to a credulous public for funds. Take the great City of London where the hospital system has reached its apogée of iniquity, and you will find that all its hospitals which have not been the outcome of medical enterprise can be counted on the fingers of one hand. Examine the virtuous City of Glasgow, and what is the case? I know of *not one* medical institution in Glasgow whose parentage has not been personal medical enterprise. The Royal Infirmary, the oldest of our medical institutions owes its origin to the University of Glasgow, when situated in the High Street, the command and the advantage of a medical school being felt indispensable to the proper teaching of medical students. In support of this argument much might be said, as even parochial hospitals did not then exist; and to the ex-officio appointments to the institution no objection might *then* be taken, but the same cannot be said for the

fact that even now the octopus of Gilmorehill retains much of the medical patronage of "the Royal" in its grasp, which it carefully dispenses to its servile satellites. The Western Infirmary owes its existence to the university authorities, and would never have been where it is, a huge engine of professional demoralisation, but for the existence of the university on its modern site. Having secured by charter permanent hospital appointments for certain of its teachers, the university threw the general maintenance of the institution on the public, and by granting its academic distinctions to rich *ignoramuses* it obtained money to accomplish its selfish ends. The Victoria Infirmary is the outcome of private medical enterprise on the south side; the Maternity Hospital was founded by Dr. James Wilson; the Eye Infirmary (one of the most abused institutions in Glasgow), owes its existence to Dr. Wm. McKenzie and Dr. G. C. Monteith; the Ophthalmic Institution, beginning with two rooms in West Regent Street, is the offspring of Dr. J. R. Wolfe, now of Melbourne. This institution was recently taken over by the authorities of the Royal Infirmary, and some distinctly shady transactions have been mentioned in connection with the negotiations; the Samaritan Hospital, first a room or two above his shop in Cumberland Street, boasts of the parentage of Mr. John Stuart Nairne; the Skin Hospital owes its origin to Professor McCall Anderson. It, also, was taken under the aegis of the university authorities through the conveyance of *public money* to them, and the contingent appointment of Dr. Anderson to certain wards in the Western Infirmary, *over which the directors of the institution have not* the slightest control; the Cancer Hospital calls Dr. Hugh Murray, papa—an ungrateful child which showed him the open door, when other men with already too many hospital appointments thirsted for the custody and nurture of the hopeful bantling; the Sick Children's Hospital is the expression of professional greed on the part of a section of the profession in Glasgow;

and so on along the whole gamut. All these institutions are the outcome of benevolence and compassion for human suffering! It is a lie! They are the pure and unadulterated outcome of medical business-enterprise. You will not misunderstand me. I maintain it is open to every, or any, member of the medical profession, if he has the inclination and ability, to do likewise. If a man is Quixotic enough to sacrifice himself to sentiment, the medical profession is not one in which to expect reward or recognition. *Iustus expectat dum defluat amnis*. Take the key from your opponents, and fight the world with the weapons which it mercilessly uses against you. Let me give an instance or two of men who did so, who became thereby illustrious, and dignified medical science. When James Syme found the doors of the Edinburgh Infirmary barred against him by that envy, jealousy, and exclusiveness, which find such fertile soil in the medical temperament, he opened Minto House as an hospital, compelled recognition of his genius, and vanquished tyranny. Spencer Wells, founded the Samaritan Hospital in London, and few names are held in higher professional esteem in his own particular walk. Lawson Tait founded the Hospital for Women in Birmingham, and he is certainly not the least-distinguished of living gynecologists. Morrell McKenzie founded the Throat Hospital in London, and made thus for himself a wide-world reputation. To this list hundreds of other names might be added of men who, defying cliquism and professional tyranny, have left an imperishable impress on the literature of their profession, and elevated its dignity as a calling. When you become acquainted with London and the continent you will find that it is quite *en règle* for a man to have his private hospital, and the idea of professional demoralisation in this connection is never dreamt of.

Many years ago, however, I predicted, and I take little credit for the divination, that if the multiplication of hospitals continued as it then threatened, they would certainly find themselves in financial straits. How has my prediction been fulfilled? In 1894 the

Glasgow Royal Infirmary had £9,406 of a deficiency in its ordinary income; the Victoria Infirmary shows a deficit for the past year of £1,791; and the Western Infirmary, for the same period, a deficit of £5,173; and the result is that a Pharisaical wail to the public is being constantly made for funds—funds which I sincerely hope the thoughtful public will refuse in the best interests of the community.* The Royal Infirmary now publishes a weekly statement of the cases treated, to give point to its eleemosynary sob for coin; but it takes good care to conceal from the public how many of the people treated, both within its walls and at its out-door department, should have been treated by struggling juniors in the profession, or to what extent it is engaged in robbing the profession, and in demoralizing and pauperising the artizan and middle classes. "My dearly beloved bruddren, said the Nigger evangelist, de cause ob religion am de cause ob dis church, and de cause ob dis church depends on the passon's salary. De elders will now pass the contribution boxes!"

So long as the argument is seriously listened to that, because a certain number of people are mean enough to take advantage of that to which they have no right nor title, and that their doing so is an evidence of the necessity or justice of the fatal gift, so long as the infirmaries open their doors to all comers, irrespective of necessity or class, to administer to the selfish greed of their staffs, so long do they deserve to be pecuniarily hampered, and to receive from the medical profession, and from everyone who wishes well to the community, unmeasured reprobation and contempt.

Now, supposing I admit, *causa argumenti*, that there is a class between the well-paid artizan on the one hand, and the pauper class on the other, for which a benevolent public should provide medical treatment, housing, and medical attendance, let us

*Referring to the fact that in London, during 1894, 4,508,498 people were medically treated gratuitously, the distinguished editor of the *Philadelphia News* (Dr. Gould), remarks, "The *Lancet* is pityfully begging for more funds to carry on this tremendous labour. . . . What more convincing argument could be adduced for lessening the amount of subscriptions, and thus, perhaps, stopping this noxious debauching of both profession and public?"

enquire what light statistics throw on this point. In other words, what percentage of the people of our large cities take advantage of that to which they have neither title nor claim. The population of London is estimated at 4,303,411, and in 1894 the number of patients in the London Hospitals amounted to 1,717,187. In other words, not far short of one in every three of the population of London sought and obtained gratuitous medical treatment in the London Hospitals during 1894. "Can it be possible," remarked the *Provincial Medical Journal*, in referring to this startling state of matters, "that over a million people in London—very nearly a million and three-quarters—are all so poor as to have to accept free aid from the medical profession? If it is true, it is a scandal to our civilisation." What do we find in Glasgow? According to the last published reports the total number of in and out-patients treated gratuitously, including charitable, parochial, and fever hospitals, was 128,980—16 per cent.—one in six of the population. The total number of patients treated in the so-called "charities" was 105,853—13 per cent.—one in $7\frac{1}{2}$ of the population. And in the parochial institutions the number was 17,827—2 per cent., or one in 45 of the population. While reverting to the financial machinery which keeps this riot in operation, we find that the capital account of "The Royal," "The Western," and the Children's Hospital amounted to the considerable sum of £256,226. According to the same reports (1893-94) each institution shows a deficit between ordinary income and ordinary expenditure as follows:—"The Royal," £11,000; "The Western," £5,000; "The Victoria," £340; and "The Children's," £1,600. Each institution keeps a separate account of ordinary income and extraordinary expenditure; the former being legacies and special donations; the latter building repairs. Although "The Royal" failed by £1,000 to meet the ordinary expenditure, there was an excess of extraordinary income over extraordinary expenditure of £11,568. Taking ordinary and extraordinary expenditure, there was a total excess of income over expenditure of £476. In the whine of

the managers to the public for funds no notice is astutely taken of the extraordinary income, so that the "Christian charity" of Lord Provost Bell may be stimulated. (See *Herald*, January 29th, 1896.) The unwary are thus imposed upon, after the fashion of Continental beggars, who thrust their distorted, or even voluntarily amputated limbs, in the faces of travellers, begging coppers, "*Por amor de Dios, hermano.*" Matters are not much better in France. In October last (1895) the *Journal de Médecine* calls attention to the sad case of Dr. Armand de Langlard, who, after fifty years of honourable practice, found no other way of escaping starvation than suicide. (What lesson does Britain teach us in this direction?) There are in Paris, the same journal states, 2,500 medical men, battling with starvation, borne down by heavy rents and taxes year by year—just as with us in Britain. The number of them increases, while, owing to the disastrous competition of the hospital out-patient rooms, and private gratuitous clinics, the number of patients decreases. The doctors themselves, says M. Lataud, have created their own misfortunes. "They have taught lady patronesses of different societies to diagnose diseases, to dress and bandage their wounds, to vaccinate their own children, and those of their neighbours. Medical science is vulgarised in every way. Doctors write in important daily papers explaining how bronchitis and cramps of the stomach are to be cured, and in the fashionable journals they teach how to cure pimples and avert headaches. Furthermore, they have urged that hospital treatment be paid at the rate of 4s. 2d. per day. [In this London and Glasgow have followed suit.] The conscience of the middle class is thus eased, since they pay. Five hundred thousand gratuitous consultations are given in Paris dispensaries yearly, and in this way a large amount of fees are diverted from the medical profession. . . . This school of medical half-knowledge has been created and kept going by medical men who are now being crushed by the work of their own hands." To every word of my distinguished *confrère* I say a hearty *men*. Take the following *jeu d'esprit* as illustrative

of the position :—A flock of crows was much alarmed one day at the sight of a strange object in the midst of a field upon which they customarily fed. They at once called upon an old Crow, who practised his profession in those parts, and who made a speciality of crows, to give his opinion about the matter. The Crow having examined the object, shook his head, and said it was a serious case, and that it was lucky he had been summoned so soon, though he should have been called earlier, and he would like the advice of his friend the Owl, who had had the benefit of travel abroad, and who was particularly skilful in cases which called for the steady use of the eyes. He would also like to have the Frog, who was spending a summer vacation by a neighboring pool, and who had a wide reputation for his physiological knowledge, to see the case. The Crow, the Owl, and the Frog met, and having studied the object at a suitable distance, withdrew to the shade of a high wall in order to deliberate. The Frog first opened his mouth, and observed that it was a nice case, which reminded him of a very curious experience that he had with a piece of red flannel, two summers before, when he received a severe contusion on the centre of Goltz. After telling all about this very apposite event, the Owl observed that such cases were extremely rare. He had, however, had two very much like them, the details of which he had forgotten. He then related in the usual manner some very humorous obstetrical stories (with the inevitable cerulean thread), which much amused the Crow. Having received these opinions, the Crow thanked his colleagues for the very valuable light they had furnished. He had at first been disposed himself to think the trouble a case of *Terror corvorum*, or scare-crow; but the advice given reminded him now that the appearance in the corn-field exactly resembled a country doctor whom he occasionally met, and who, after practising medicine for forty years, was at present trying to live on what he had saved. This diagnosis was finally agreed upon, and reported to the anxious crows outside, who were much relieved!

It is a trite observation that eleemosynary aid tends

to beget indigence, and to sap independence, while it is ruinous to personal exertion. So far as concerns asking, there is much of the disposition of the horse-leech in the nature of the public. The more they get for nothing the more they crave for. That this is true of medical aid is unfortunately too palpably demonstrated in these days. Mr. Burdett, who must be acknowledged as an authority on the subject, has shown that in twenty years, since 1873, the population of the Metropolis has increased by 27.6 per cent., and it might be expected that the number of charity patients relieved in hospitals might have increased in a similar proportion. Now, what is the fact? It is found that the in-patients have grown in number 71 per cent., and the out-patients by 76 per cent. In other words, nearly *three times as many* people proportionally *get charitable relief in London hospitals as did twenty years ago*. The number of out-patients in 1873 was 550,052, and in 1893 966,528. In 1893, says Mr. Burdett, nearly one out of every four of the population of London was a hospital patient. "Indiscriminate medical relief," he remarks, "tends to pauperisation; it makes it impossible for the general practitioner to maintain himself in the poorer portions of large cities, to the great loss of the population, and an undue extension of free medical relief undermines the moral fibre of the people to an extent which cannot be exaggerated."

Mr. Burdett, in the same report, clearly indicated the unbridled "benevolent" phrenzy which possesses the Hospital schemers in the matter of spending money. Thus, in 1894, the London hospitals came short of their ordinary income by £112,000. How did the authorities of those hospitals act? Did they adopt any system of entrenchment? Quite the contrary, they increased expenditure by £37,000! "And in other respects," says the *Medical Press and Circular*, "their administration has continued to be utterly reckless. Under this system debt increased by leaps and bounds, and 'the bankruptcy of certain hospitals must come when the unthinking benevolent commence to think, and cease to provide funds for extravagance, as at length they seem to be doing.'" "For any one

who reads and believes," says the *Medical Press and Circular* (July 31st, 1895), "the facts and figures produced by Mr. Burdett in this Annual, no other conclusion is possible but that the London Hospital system is utterly bad. Extravagant without efficiency, demoralising to the public, an abuse of the virtue of charity, and a misappropriation of the money of the benevolent." Glasgow has gone far to follow suit, and one has only to look round the city for palpable evidences of the straits to which young medical men are pushed, under this unhallowed system, in order to earn the meanest livelihood.

Now, up to this point, I maintain that I have proved my position to the hilt, viz.: That an enormous proportion of the people of large cities who *ought not* to receive gratuitous medical attendance and medicine do so; that they are demoralised and pauperised thereby; that especially the junior members of the profession are shamefully and heartlessly robbed of their patients; and that their legitimate interests are invaded in order that an oligarchy of rich and arrogant consultants, and quack specialists may be manufactured.

When a young man, after years of anxiety (and I know not a little of the trials and injustices to which the medical student is subjected), trials of health and exertion, and the expenditure of not a little money, succeeds in obtaining the coveted parchment, to what position in life, or what financial success can he reasonably hope to attain?

Through influence he may at the outset obtain a yearly income of from £50 to £70 per annum (less than a tenth which an average French cook can command) as an in-door assistant to a practitioner; £5 to £8 a month as a ship-surgeon; or a parochial appointment may afford him £25 to £50 per annum, on an average, including medicine. He is relieved by a Christian public of no burden in his expenditure; he is expected to dress well, and pay his tailor at least once a year; in short, to pay all his debts as gentlemanly instinct prompts, and be able to lay his hands on a "drink" and a cigar should good luck send a college "chum" his way. *Per contra*, the working

man. He earns on an average from 35s. to 75s. per week. He has expended no capital on his education, thanks to grandmotherly legislation; from the time he has been able to work he has been earning money; he can dress as he pleases; "Radical" benevolence has determined that he cannot be arrested for debt; he can live in a room and kitchen, and indulge the Epicurean philosophy to its dregs. Why this pet of the nineteenth century should be relieved of his obligations to the medical profession is one of those puzzles which appear to me, in the language of the philosophic Mr. Weller, "Wrop up in a mistry." That he is thus pauperised, demoralised, and encouraged to spawn, to the detriment of society, is my unshaken conviction.

On the other hand, *I am* socialist enough to maintain that what a man may find himself unable to provide for personally, it is entirely within his right to endeavour to secure by the principle of co-operation, or that of provident assurance. From this you will infer that I am an advocate of provident medical clubs, and provident dispensaries. My advocacy can have no personal bias, as I never had any connection with any form of medical club. The principle here involved is the principle of averages; it is sound political economy, and the basis of insurance of every description.

I understand that the great objection to Medical Aid Associations is that they treat people above the grade of the artizan class. If it be professionally "infamous" to do so through these Associations, it is surely equally "infamous" to treat this class in hospitals as is being constantly done. The difference is this: on the one hand it is the *poorer* members of the profession who are the culprits; on the other it is the *rich*.

Now to such an extent has the medical profession been impoverished by the hospital system, that it is perfectly well-known that there are few large centres of population in the Kingdom where medical clubs are not keenly canvassed for by competent medical practitioners (even Professors), for sums as low as

2s. per annum, including medicine*! Let me then ask what proportion of the Artisan-class of this Kingdom is unable to lay aside from 2s. to 10s. per annum, to provide for medical attendance and medicine? The man *who cannot*, or will not, lay aside 5s. per annum, is, I hold, *ipso facto* a pauper, ought to be treated by the state, and is beyond the reach of "humiliation or degradation." Why, in Glasgow, the cost per head at the Royal Infirmary is £1 1s. 7d. per annum, and yet the junior and the poorer practitioners of the City are willing to treat the same class for, from 2s. to 5s. *per annum*. By what right secular, or divine, should the community, by means of bastard benevolence, thus compete with educated gentlemen striving honourably to obtain an honest livelihood? To what extent did the Glasgow Royal Infirmary rob the profession in 1894-95? Not less than £57,652!

Again the out-door departments of our hospitals are worthless as fields of medical observation, and confer but little benefit on the crowds that resort thither for advice and medicine. A large attendance is what the hospital authorities want—to show the public what good christians *they* are with their smug "benevolence," and wide phylacteries—and this they must have with brutal indifference to the social classes which supply it.

On one occasion at the out-door department of the Glasgow Royal Infirmary, impressed by the somewhat comfortable appearance of a patient, I enquired the nature of his occupation, when he informed me he was a retired lawyer. I simply replied, as to refuse prescribing for him would bring upon me the censure of the directors, that if all the lawyers behaved to the medical profession as he was doing, retired doctors would be still rarer than they are. The chemist who dispensed this man's prescription told me subsequently how he boasted (cruel man) of having cheated a well-known dermatologist out of his fee of £2 2s. Not very long ago a man appeared at the Western Infirmary of this City (one of the most grossly abused institutions of the kind in

*Vide Address on Medical Etiquette, following.

the country), with a respectable-looking woman, whom he left there as a patient, with the injunction that the "lady" was to receive "every attention." This instruction was given by a police commissioner of one of the thriving suburbs of Glasgow, and the patient was his mother! A boy, on whom a resection of the knee-joint was performed in the Western Infirmary, was admitted on a line from a close relative, a Glasgow magistrate, and the father visited him in a carriage and pair at the hospital. These are simply samples, by no means rare, of the scandalous abuse of the Western Infirmary.

During my own incumbency of office as a dispensary physician to the Glasgow Royal Infirmary, I have gone through the form of professionally seeing patients at the rate of sixty per hour! The prescribing and diagnosis were much after the time-honoured fashion of Dotheboy's Hall. My conscience was not hurt by this snap-shot prescribing, as there was certainly nothing the matter with two-thirds of the cases; while the remaining third consisted of cases of hunger, chronic-bronchitis, and the various forms of struma; and occasionally a robust countryman, who happened to be passing, would be attracted by the urgent invitation outside to come in and be medically treated, and responded as a matter of sheer civility. While so large a number as this was often seen, it should be explained that few fresh prescriptions were written, but as the deluded people would break their hearts if they got no medicine (they subscribed to the institution and asserted claim), the old prescriptions were stamped so that a fresh supply might be obtained. If the patient was wanting in the inclination, or the courage to consume the "medicine" thus obtained, it was exchanged for money or drink with some less wise but more courageous valetudinarian. Now there were four out-door departments, and if on an average 40 patients be taken daily for each department, a low average, we get 160 patients, for whom one dispenser had to make up the drugs. Supposing the dispenser so expeditious in his work as to dis-

pense every prescription in four minutes (powders and pills were often prescribed), he would require the close application of ten hours to accomplish his task! He would be employed from one o'clock to eleven o'clock p.m. *Verb. Sap. Sat.!*

The hospital system is iniquitous and fraudulent in the dominance of the personal interests of the hospital physicians and surgeons. To my mind if there is one stronger *raison d'être* for hospitals than another, it is that they should alleviate suffering and assuage the pangs of poverty no matter how caused. Consequently disease and want should constitute the exclusive passport to their benefits. When I was at the Royal Infirmary the system of admission was as follows:—A "line" had to be obtained from a subscriber, and in addition to this some practitioner had to certify that the person was a "fit patient" for treatment in the institution. At the infirmary another examination had to be submitted to at the hands of one of the out-door physicians or surgeons, at whose elbow stood one of the acolytes of "the house," whose duty it was to intercept the admission of any one unlikely to constitute an interesting case to his "chief," to illustrate some fad on which he might be at the time engaged, or likely to reflect some *kudos* on his genius. How often have I reflected on the satire—the wicked satire—of a "christian benevolence," which ruthlessly drove from its portals some wretched outcast in the tyrant grasp of phthisis, to die in some close, under some hedge, or go and drown himself, because he was not an "interesting case," to some upstart, whom accident or servility, and not merit, made an hospital physician or surgeon.

There is another well-known reason for this system of weeding at "the gate," viz., the desire to keep down the death-rate of given wards when some fad is being boomed, or some astute adventurer to be advertised.

We hear a great deal of the extent of the support of the working-classes to hospitals, and civic authorities of the posing order are wont to pat them on the back for their loyalty in this direction. Let me give you one example of the solicitude of the

hospital officials for the interests of the working classes in return. In my professional capacity I am frequently employed by members of the legal profession in Glasgow in cases involving legal procedure in connection with injuries, and this often necessitates access to patients in infirmaries, and to "the journal" of the ward. The only professional rudeness which I, an old official of the Glasgow Royal Infirmary, ever recollect having received was on such occasions as this. It would almost seem incredible to you, but it is a fact, that until the fine (it cannot be called anything else) of one guinea be paid to the house-physician or surgeon, for inspection of "the journal," the poor working man, for whose benefit we are told the institution exists mainly, cannot set on foot the earliest legal formalities as pursuer or defender. Fear of giving offence to the large employer of labour, and the losing of his subscription, also operate here. These young men puffed up with brief authority, are in such institutions to obtain experience, and they are fed and housed at the expense of the working man, and this is the nature of the gratitude exhibited towards their benefactor. The authorities have been remonstrated with in vain on this question, so that this freebooting is still in existence. Superficially, the subscription, of ten or twenty guineas *per annum*, from a large employer of labour to an infirmary, may appear a handsome donation to a charity. Subscriptions to infirmaries and the building of churches may frequently be regarded as a social white-wash to morally dirty reputations, and are often eminently selfish and fraudulent in nature. Take the case of a large contractor, for instance, who employs in dangerous occupation a few thousands of men *per annum*; the chances are that in the course of the year a considerable percentage of these people will receive serious injury, often culpably caused. The paltry subscription of ten or twenty guineas as the case may be permits the astute contractor to send as many injured men as he likes to the infirmary, and to make up his subscription to the institution he exacts from the weekly wage of everyone of his employées a given sum. What, then, has the semblance of benevolence

is a mean fraud. The contractor dips his greedy hand twice into the public purse. He gets from his men possibly twice the amount he pays over to the hospital, and the balance required to keep his men, over what he gives to the hospital, is taken with brazen-faced impudence from public charity. *A beautiful example of fraudulent provident insurance!*

The same criticism applies to the giving by householders, to infirmaries, one or two guineas per annum, so that they may be relieved of the trouble and expense of having their servants treated and attended to when illness overtakes them. Quite recently the death was announced in the *Glasgow Herald*, at the Western Infirmary, of one who was long "the faithful body servant" of an eminently respectable K.C.B. And more recently still it was announced in the public press that "the faithful body servant" of a very exalted personage died in a London hospital. The man or woman who would allow a faithful dog to breathe his last in his familiar location should surely mete equal benevolence to a "faithful body servant," and not permit him to die a virtual pauper. "There was no music on the lawn" on the afternoon on which the Royal attendant died in a charitable institution. This is no doubt particularly pathetic! But it would interest the medical profession to know the value of the pathos, in the current coin of the realm, conveyed to the charitable home in which a Royal "body servant" went to his everlasting rest. A concluding impeachment of hospitals and I have done. If hospitals exist for the public benefit, as we are so often assured they do, the public benefit should be their chief aim. It is distinctly then, in the public interest, that the largest possible number of cultivated physicians and surgeons should be available to meet the public requirements. The most competent physicians and surgeons are so because of professional experience and opportunity, and it therefore follows that hospital appointments should be distributed as fairly as possible to the profession, and not scandalously monopolised as they are at present, and notably in this city. All the hospital

appointments in Glasgow are in the hands of from *eighteen to twenty* members of a mutual adulation clique. Some of them hold from three to four appointments at the same time. This is not healthy; and it is the best justification, and the strongest palliation, for the calling into existence of competing institutions. There never was a time in the history of our profession when it was more necessary than it is at present, for men of pluck to fight the world with the weapons used against them.

There are one or two anomalies in connection with Glasgow hospitals, regarding which you will permit me a word or two. I am not aware, that out of Glasgow, there is a single hospital in Great Britain, where men who have faithfully served in the subordinate positions are not promoted to the higher offices when their time arrives. At the Royal Infirmary of Glasgow, men who never gave a single day's work in the junior positions of the institution, have been pitchforked over faithful subordinates, who served with no less zeal and ability during the best part of their lives, and who were certainly as capable in every respect as those who unjustly superseded them. The subordinate positions, I hold, then, should only be filled by men likely to efficiently discharge the duties of the superior, and they having served a professional apprenticeship should be regularly promoted. Under no other conditions can competent men be got to occupy the lower offices. What has the semblance of an enlightened enactment is now in force at "The Royal;" the incumbency of the office of physician or surgeon is ostensibly limited to ten years. I say ostensibly advisedly, for the rules and regulations of "The Royal" may be read like Anglo-Saxon or Sanscrit, Polynesian or Chinese, as it suits the Superintendent, or the Chairman of the Board of Directors.

At the Western Infirmary the offices of physician and surgeon are held for life. That this is for the public interest or just to the medical profession it would surely be absurd to maintain. Men who have founded their own chairs are no doubt there *ad vitam*, and even secure the principle of heredity in the

descent of appointments; but why the representatives of the subscribers among the public should perpetuate others indefinitely in offices from which they have reaped already more than their fair share of advantage, and, to say the least of it, with not very pronounced benefit to science, it is not easy to conceive.

The annual meeting of the Western Infirmary would gladden the heart of a Molière or a Dickens. As the business is about concluded, some specially-selected brand of the saponaceous cleric gets up and solemnly moves a vote of thanks to the medical officers "for their gratuitous services." This is a piece of Pecksniffin Jesuitry. The services are not gratuitous. The physicians and surgeons receive £50 per annum for their services; and I know many equally competent, and certainly no less deserving men, who would gladly perform the work for a fiftieth of that salary; nay, who would gladly give a few fifty pounds per annum to the institution for the privilege of doing so.

I have now, gentlemen, to thank you warmly for the courteous attention which you have accorded to me, and especially to express to you, the students of this old and honoured school, my sense of your unvarying kindness to me. I submit with confidence that I have successfully indicated to you substantial grounds for my conviction that the hospital system as carried on in this country is a fraud; it is rotten, root and branch. It is born in the corruption of meritricious "piety" and commercial "benevolence," and like the whole family of these disreputable parents, it enriches the few while it pauperises the many. In particular it robs the medical profession, undermines independence, dislocates normal social relations, saps and weakens individual effort, and corrodes the moral stamina of the working classes.

MEDICAL ETHICS OR ETIQUETTE.

"New times demand new measures and new men ;
The world advances and in time out-grows
The laws that in our fathers' day were best ;
And doubtless, after us, some purer scheme
Will be shaped out by wiser men than we,
Made wiser by the steady growth of truth."—*Lowell.*



ENTLEMEN—When my young friends, the members of the Anderson's College Medico-Chirurgical Society, did me the honour of appointing me their Honorary President, they did not stipulate that the incumbency of the office involved the delivery of two addresses within one week. Some people seem to think that

I am intellectually built on the principle of a grandfather's clock, requiring winding up once in ten days or so, and that at any time I may be set off by the device of touching a brass button. I think it was Sheridan, who on being on one occasion complimented on the facility of his speech replied, "Easy speaking means d——d hard thinking," and the same applies no less to easy writing.

In the address which I had the honour of delivering last Saturday, at Anderson's College, it was my intention to have embraced some observations on "Medical Ethics or Etiquette," but I found that the time at my disposal forbade this, and I therefore now embrace the present opportunity of putting before you some matured opinions of mine on this knotty subject. The few observations which

*Delivered to the Saint Mungo College Medico-Chirurgical Society, on the 14th December, 1895.

I shall address to you to-day will therefore be regarded as supplementary to those of last Saturday.

So much interest does this subject of medical ethics or medical etiquette possess for the profession, that at the last meeting of the British Medical Association, in London, there was a special section devoted to it, whose deliberations (and I faithfully attended and took part in all the meetings) were, if not instructive, at least interesting as a study in human nature.

Here a self-elected coterie of medical men met and solemnly deliberated how they, the tailors of Tooley Street of the profession, could devise means and enunciate laws to make gentlemen of British medical practitioners throughout the world. So laudable an object then, its ridiculous and amusing features notwithstanding, merits consideration, and the task to which I apply myself this morning, is to enquire what basis in common sense existed for the assembling together of these moral policemen. Was there any moral cold-meat deposited in any of the areas of King's College? You may take it from me, a man, now I am sorry to say, of over thirty years professional standing, that on this subject, in professional circles, there is much diversity of opinion, while on the part of sensible people outside the profession, our notions of professional morals simply hold us up to just and unsparing ridicule.* Generally speaking the nucleus of medical etiquette is an understanding among the *beati possidentes* of the profession that they shall use every endeavour to prevent any interference with them, and harass and worry in every conceivable way, honest aspirations on the part of the younger and poorer members of the profession. Epigrammatically put it amounts to "Keep the devil down. He has no friends." This is the eleventh professional commandment, but fortunately there are no "reasons annexed to it." We hear in the profession now-a-days a great deal about "infamous conduct," and on this point a "leader" in the *Medical Press and Circular*, of 16th October last, remarks, "'infamous conduct'

*Vide Kingsbury v. *British Medical Journal*.

often resolves itself into comparatively innocent violations of good taste;" and you are not yet old enough to entirely forget the application of the old saw, "*De gustibus non disputandum est.*" "The etiquette, hateful word," continues the leader quoted, "of our profession is, in fact, such an intangible entity that it resolves itself very much into the expression of the duty of one gentleman towards another. It is the unwritten law, which the honourable man who desires to respect the feelings and interests of his neighbour feels coercive upon him, but which the unscrupulous or selfish 'cad' considers himself at liberty to disregard if it pays him to do so." Now I am certain I am not assuming unduly, in holding that neither the members of St. Mungo's Medico-Chirurgical Society, nor of the Anderson's College Medico-Chirurgical Society, would ever refuse submission to this yoke, and you will do the Honorary President of the latter the justice to believe that he joyfully joins you in this martyrdom.

Apart from that, however—apart from submission to any other higher code of ethics or any conventional sub-code—I for my part unequivocally demand the most perfect liberty and freedom of conduct. In other words, I believe myself competent to interpret what the conduct of a gentleman should be, and I shall brook no interference with my freedom on this matter, come whence it may. In the words of that "ranting" lad, who was born in Kyle, and of whom all Scotchmen are so justly proud:—

A fig for men by laws protected;
 Liberty's a glorious feast;
 Courts for cowards were erected;
 Churches built to please the priest.

Now, gentlemen, I need not tell you to what extent the validity of an argument depends on clearness and conciseness of definition. Let me then ask you to consider what it is that we properly understand by "ethics," or by the French word "*etiquette*."

Aristotle says that "*ἦθος*" signifies virtue, and that the term is derived from a custom, since it is by repeated acts that virtue, which is a moral habit, is

acquired. I need hardly say that many habits are not necessarily moral or virtuous. Ethics* may be divided (1) into "The science of the relations, rights and duties by which men are under obligation towards God, themselves and their fellow-creatures." This is the sense in which it is regarded in "Moral Philosophy." (2) The law of nations, or the science of those laws by which all nations, as constituting the universal society of the human race, are bound in their mutual relations to one another. (3) Public or political law, or the science of the relations between the different ranks in society. (4) Civil law, or the science of those laws, rights, and duties by which individuals in civil society are bound. (5) History, profane, civil, and political. It is under the third category that the branch of ethics under consideration, viz., medical ethics, seems to me to fall.

In this sense the term "ethics" may be considered synonymous with "morality," derived from the Latin "*mos*," a custom. Morality has, therefore, been defined as the doctrine which treats of actions as "right" or "wrong." But *in limine* we are faced with the question, what is "right" and what is "wrong?" Madame du Barry, when on one occasion confronted with a doubtful question on ethics, wisely replied, "*Tout cela est purement géographique*;" and her countryman, Pascal, indicates the geographical basis of morality in his observation that if you cut a man's throat on the one side of a river, it may be patriotism, while if the same deed be done on the other side it constitutes murder. Generally speaking the basis of ethics is regarded as contained in what is called the "golden rule," first enunciated by Confucius, and often wrongly ascribed to the founder of the Christian religion, who is believed to have lived five hundred years after the Chinese philosopher. This consists in the injunction of doing unto others as you would that others should do unto you; and "do not unto another what you would not should be done unto you. Thou only needest this law alone; it is the foundation and principle of all

*Fleming's *Vocabulary of Philosophy*

the rest." This code of Confucius, such of you as are familiar with Chinese literature, will find in the 21th Maxim of Ta-Heo. This rule is so universally regarded, at least among Christians and professing Christians, as the acme and perfection of moral conduct, that I suppose it has never occurred to any one of you to question its infallibility as a moral guide. Examination will, however, shew you that it is far from perfect. It entirely makes man's erroneous wishes and evil propensities a rule of action. Supposing any of you were so wicked as to wish another man to rob, steal, or murder for you, would it be your duty to do the same thing to him? All this notwithstanding, there are certain cardinal virtues which are acquiesced in by almost all civilised nations, observance of which is held to be incumbent on all honourable men—on all men in short—who wish to be regarded under the too-elastic designation of "gentlemen." These attributes may be summarised as truth, which I place first, as in my opinion so outstanding a virtue as to redeem almost any vice—straightforwardness; honourable conduct to your fellowman, so that you betray no confidence reposed in you; respect for the feelings of all men, rich or poor; the abstaining from every form of personal injury, physical or social; toleration for honest opinion; and sympathy for the utmost intellectual freedom. A man who faithfully observes these injunctions may yet not be a Christian, but in my opinion he is not far off the road to the Kingdom of Heaven, or the status of a gentleman. These principles may now, in the present stage of social evolution, be regarded as immutable, and for all practical purposes universal. But mark, I pray you, that they have to be sharply differentiated from *conventional* usages, and it is here that the stumbling block of medical ethics comes in. So far as I have been able to interpret medical ethics during the past thirty years, I have not found it immutable, I have not found it based on the cardinal principles of morality; it is continually changing and being *con-*

*Evan Powell Meredith.

ventional, it must necessarily change, and be moulded with the varying exigencies of the profession and of society. As Sir James Crichton Browne well observes, "the rules and traditions and laws of etiquette to which the members of the medical profession owe allegiance seem to me to require revision from time to time to adapt them to the ever-changing conditions of modern life. Fixed and immutable as regards the principles on which they have been founded—principles of justice, honour, truth, and good-feeling—they are as regards some of their practical applications susceptible of amendment, now and again as circumstances alter; and indeed insensibly and without formal legislation by any professional parliament or judgment, or by any formal tribunal, they do alter as years roll on." Sir Crichton Browne's is entirely my opinion. I go further even, for it is my conviction that if any man be what is called a "gentleman" he is not the least likely to come in conflict with any code of ethics, moral or medical, worth paying the slightest attention to. If so, as Stevenson said about the train and the "coo," so much the worse for the code. Now supposing we do take the "golden rule," fallacious though it be, as our rule of conduct in life, let us briefly enquire into its applicability to the practice of the medical profession, and this can best be done by passing in review what is, and what is not, that which is called "good form" in the medical profession. I purposely ignore personal relations of every description, as every gentleman surely knows how his conduct should be regulated in this respect.

I believe I am right in assuming that not *one* man in *five* hundred enters the medical profession from the Utopian standpoint of a yearning to relieve human suffering. This is simply a figure of speech, trotted out in introductory lectures. All men enter the profession, or at least the great majority of them, from a respect for its nobility as a calling, honestly pursued, and the purpose of earning an honest livelihood. Having squeezed through the "ivory gates," so well guarded by machinations for the

extraction of coin, having obtained the legal qualifications to "slay" on foot or in chariot throughout Her Majesty's dominions, let us glimpse at the process of incubation to be gone through before the meanest living can be achieved. If the young practitioner obtain an appointment, a modest living is at once secured; or he may accomplish the same thing by purchase of a practice. If it be his object to obtain an immediate living, this is more easily accomplished in a country district; but if influenced by the advantages or attractions of city life, or perhaps spurred by a laudable ambition to professionally distinguish himself, which his qualifications may justify, he elect city life, how is he to proceed to obtain a clientèle with this bogey of professional etiquette frowning upon him from every corner? He must in some way or other make known his existence to the public, and his willingness to serve it in his professional capacity. If he has sufficient means, or be in the happy position of having been born, as it is said, with a "silver spoon in his mouth" (porphyrogenitous), or have rich friends, he takes a large house and announces his existence and professional distinction by a brass plate on his door. Should his house be in a crowded locality, and with few medical men in his neighbourhood (but where is this neighbourhood?) he may gradually, no doubt in time, succeed in making the nucleus of a practice, which by a process of karyokinesis, not, however, so active as in the animal cell, may ultimately multiply, so as to give the requisite amount of work. The making of a practice in this way is, I assure you, perfectly exceptional; and as a general rule I can conceive no process so dreary and depressing as that of a young man, without friends or fortune, sitting behind a brass plate waiting for public recognition of his professional capacity or personal integrity. We have a saying in the Gaelic that the sheep may starve waiting on the new grass, and this is really what does happen, and has happened, as I personally know, in the case of many estimable and competent young men. In its corporate capacity the public is a brute, pleased with

a rattle, tickled with a straw, in order to captivate which you would do well to take lessons from some peripatetic Etrurian with his Arctic bear. To get a practice, your list of honours at College, your extensive education, the brilliancy of your intellectual attainments, and your personal integrity go for nothing. Nay, they often disqualify you, for they beget an intellectual pride and a personal *hauteur*, with which I have every sympathy, which do not allow you to play the part of MacSycophant to the vulgar *novi homines* of a large commercial city. The public have a belief, and—*entre nous*, it is not for you nor me to disillusionise them, that we can cure disease, and it is by scattering “cures” among the community that public patronage is secured. But you know, even from what must be your elementary knowledge of domestic economy, that the first requisite in the making of hare-soup is to catch your hare. How are you going to get the patients to operate on? Your first patients must of necessity be obtained from the poorer classes of society; but in almost all large cities poor people will never dream of entering a large house, in a fashionable locality, simply because a doctor's name is on the door, as they have an impression that the fee is in a direct ratio to the size of the house, and bears some relation to the size of the plate. There is a wise aphorism that if the mountain will not come to Mahomet, Mahomet must go to the mountain; so our stylish Doctor must somehow or other get at the public, and the devices for so doing have been elevated in these times to the dignity of a fine art. In times gone by, when a man began practice in this manner it was customary to set aside one or two hours daily for gratuitous consultation, in his house, to all comers; and as the *vis medicatrix naturae* was then existent, though modern doctors have all but extinguished it, a considerable percentage of the cases which thus passed under the young doctor's hands were labelled as “cures.” The fame of these percolated through

*But they and all who pretend to be so are canvassed, provided for, and traded upon already.

the pachydermatous hide of society, chiefly by the advocacy and representations of garrulous and hysterical women, and the young doctor's reputation was forthwith established. This accomplished, he, of course, in the usual manner kicked aside the ladder on which he mounted to his professional eminence, following the example of the historical butler some four or five thousand years ago, and the Professors of Anderson's College when they attain to Gilmorehill. To this method of making a practice I am not aware that professional etiquette has ever raised serious objection, only care must be taken that the plate be of brass, of a particular size, and on an approved part of the door, and that the engraving of the name be in Roman letters of a given size. *Mais nous avons changé tout cela.* This, with many other things, we have indeed changed, and I often think not for the better. There is now so much roguery that a certain class of people are continually on the *qui vive* for some opportunity to pose as benevolent and pious citizens, thirsting for connection with some "benevolent" organization or another, that they welcome any device likely to whitewash their moral sores. The hospital system is now a sort of Pool of Siloam, into which all manner of social and moral lepers step. These people grudge no money, the only condition being that the gifts be extensively advertised in the public press. Hence, mean-working, and middle-class people are now collected in palatial houses; fed, clothed, and medically treated, irrespective of rank, station, or ability to pay; and the young doctor who possesses the requisite social influence is enabled to trade on them in this manner, instead of treating them as formerly, gratuitously in his own house. Once on the hospital staff, and knowing the enormous advantages of the position, he clings to office like the old-fashioned pitch-plaster, and is often kept there by his influential friends, in open violence of the rules of the institution. This is a means of establishing a practice also from the point of view of medical etiquette, not only held to be unobjectionable but highly respectable, as it is resorted to by the rich

and socially powerful men of the profession, and advocated and defended by the medical journals, which are chiefly in the hands of the hospital men, and whose ready grape-shot is always levelled at the fool who dares to impugn the righteousness of the hospital system.

You know the story of the lawyer who, presenting himself to the Autocrat of Erebus, was by him at once furnished with the elements of a fresh conflagration, his character having reached the subterranean regions previously, and who was ordered to depart from the Plutonic coasts and start on his own account. So it happens with men who cannot get hospital appointments. It is quite open to them to establish hospitals of their own. Are they to blame? Time, talent, and money have been invested. Are they to bear no fruit? I do not think so, under the conditions at present existing, when the game is cut-throat all round. If fame and fortune in the medical profession are to be obtained only by treating people gratuitously, why should there be any monopoly in this? Better that we should all go down with the old ship than that one or two sneaks should be saved, and trust to fairplay in the impartial deep. In my opinion a man is quite justified in opening an hospital for himself, providing he does so openly as a matter of business, under no cloak, and does not rob his poorer brother of patients able to pay him the moderate fees for which he is willing to exchange his professional services. Failing this he may establish what is called a "Nursing Home;" extensively advertise lectures to young ladies, in which the imagination is delectably stimulated; board patients at several pounds a week; and scatter his emissaries or "nurses" throughout the public to blow the trumpet of his fame. This is a method which meets with high professional commendation, and is eminently successful in leading to a palatial residence and splendid equipage. The professional Mrs. Grundy, at this dodge, nods a benevolent smile.

Another approved method for establishing a

medical connection is what may be termed the ecclesiological one. A church with a large membership is selected, care being taken that the seed-plot is not already medically occupied. It is better to select the flock of a parson with some suspicion of heterodoxy, for he is most likely to have the largest following. A Dissenting Church is also better than a National Church, for Dissenters are much more loyal to one another than the children of the National Zion. They are bound together by a fancied tie of oppression and persecution! Of course a regular attendance at the Church-plate is desirable. A course of lectures on domestic economy, or puberty in the female, comes in opportunely at times, and occasionally it is expedient that the minister should intercede publicly with the Deity, to suspend the laws of nature and matter, when the young doctor is wrestling with disease in the person of one of the elders. Don't for a moment suppose that I ridicule or satirise genuine religion. It is a matter of the supremest indifference to me what a man believes if he believes it honestly, and has honestly arrived at his conclusions—conclusions which make him a happier man and a better citizen.

Leave thou thy sister when she prays, her early heaven, her
happy views;
Nor thou with shadowed hint confuse a life that leads
melodious days.

But I do emphatically hold, that religion is about the last thing that should be trailed through the commercial gutter. That it is so is undoubted. But the other day a medical man's drug shop was advertised for sale in the *Glasgow Herald*, and among the other recommendations it was noted that there was "a good church connection."

Again, if a man be a specialist, and especially an aurist, he can stump the country with magic lantern, slides, and all the other paraphernalia of a peripatetic professional showman: enlist the unsuspecting sympathy of school teachers; and inoculate his fame on the Nidas-cared bucolics of suburban districts. Or if he hears of an English or continental congress, to deter-

mine some abstruse question touching the *memoranda tectoria* of the *Organ of Corti*, he announces his intention of being there, with his tongue in his cheek and a twinkle in his lynx eye. When the congress meets our friend is not there, (he never intended to be), but for a series of months he has had a splendid advertisement in the medical and lay journals, and he is identified from Dan to Beersheba with the authorities of his speciality. This is a highly respectable device for pushing practice, against which the voice of the professional Mrs. Grundy is meekly silent.

Equally inoffensive to medical etiquette is it to advertise extensively, and to deliver what is called "Ambulance Lectures" to all the servant girls, policemen, and washerwomen who can be cajoled into attending them. Hospital surgeons meet in solemn conclave, and examine the pupils. A certificate of proficiency is given to the neophyte in ambulance; a certain device of red cloth is graciously permitted to be worn on the sleeve. The teacher receives at the end of the course a handsome presentation, usually at the hands of some venerable maiden lady. A social meeting is spent in "song and sentiment;" and finally the whole proceedings are extensively advertised in the public newspapers. Complacent Mrs. Grundy smiles a benevolent assent. I am not to be taken as opposing ambulance instruction to workers in mines, the police force, and railway servants, but when circulars are distributed from door to door in the fashionable parts of large cities, as in Glasgow, giving the name and address of the ambulance lecturer, the act, in my opinion, is nothing short of gross, offensive advertising.

But our aspirant to fame and fortune may elect the massage dodge. (For this some preparation in Sweden may be desirable). He must take a large house (which should not be confounded with the massage-houses of Chicago, and certain London ones), which he converts into a massage college. The mysteries of Synarthrosis, Amphiarthrosis, Diarthrosis, Ginglymus, and Enarthrosis are duly resolved;

how most effectually to knead gluteal, pectoral, and sphincter muscles elucidated, and the usual certificate is given to women likely to turn out social pests, but who succeed in bringing grist to the mill of the massage adventurer. I am far from desiring you to infer any disbelief on my part in massage, on physiological grounds, as a therapeutic agent, but when it comes to be a question of massaging the uterus, the English language cannot discover for me appropriate words in which to express my abhorrence and disgust. Nor do I believe that it is altogether seemly nor unattended with the risk of moral contamination that a young woman should apply manual friction to the gluteal region of a lecherous old man. Even—

When a *young* man's laid up with a wound in his knee,
And a lady sits there, on a rush-bottom'd chair,
To give "him his rub, as his doctors declare,"
And a bit of lump sugar to make matters square;
Above all when the lady's remarkably fair,
And the wounded young man's a gay musquetaire,
It's a ticklish affair you may swear for the pair,
And may lead on to mischief before they're aware,

Professional Mrs. Grundy only cries "encore." My Lord Tom Noddy has simply overfed or overdrunk himself, probably both. Sir Joseph Didymin and Mr. Look Sharp (each a man of the highest eminence in his special department) are hastily summoned to the chamber of affliction. At their heels follows that modern menace to the sanctity and privacy of life, *the interviewer*. The press is at once furnished with the temperature of his lordship, the specific gravity of his urine, the state of his chylopoietic viscera, the cubic dimensions of his alvine dejections, the number and colour of his piles, how many are strangulated, *et hoc genus omne*. All this appears in a bulletin in the "Society papers," subscribed by the hierophants of the profession. The bulletin appears regularly for an indefinite time, being varied by a pile more or less as the occasion may require. Professional Mrs. Grundy applauds.

If you happen to be a professional denizen of Savile Row, Brook Street, or Harley Street, it is quite *haut ton* for the "Society papers" to announce

that you have returned from a delightful holiday to Timbuctoo, and that, after a certain date, the particular species of human suffering which you have taken under your patronage will henceforth continue to command your solicitude and commiseration at the usual hours and on the usual days. To this professional Mrs. Grundy does not demur.

Again, you may invent a "toxine" from some animal abominations, and get it boomed as a cure for some common and grievous malady. The chances are ninety-nine to one that the remedy is a bare-faced fraud, but if it will only catch on it will spread like cholera, and, though it should last but from six weeks to six months, your fortune is made—fools are so numerous—and you can retire to a country seat and meditate *sub tegmine fagi* on the pregnant text, "*populus vult decipi, et decipiatur*"—

A physician sits in his office chair,
And there broods on his face a look of care,
While he groans and wails and tears all his hair;
Alas! alas! and alack! he cries;
Surely fame and fortune would both arise,
If old ethics would let me advertise.
At last a bright thought comes into his brain,
Says he, I must try that old racket, 'tis plain,
It work'd O. K. once, and I'll work it again.
He wrote half a page on the evils of pork,
And the case of a man who swallowed a cork,
And a spoon, and a knife, but got stuck on a fork.
Told how he cured an impudent fellow,
Who swallowed entire a gingham umbrella,
And brought it intact from his patient's patella.
The newspapers all extended their thanks,
He opened accounts at the various banks;
He baited with ethics, and caught all the cranks.

These are a few samples of what "ethics" permits in the highest ranks of the profession. Let me now give you a few samples of what the profession reprobates, and solemnly ask you wherein is the golden rule violated, or gentlemanly conduct departed from.

When a medical man resolves on removing from one house to another, the orthodox way to intimate this intention is to affix a white board to the house about to be abandoned—on either side of the

door—I think the left-hand is the proper one—and, in black letters, to intimate the fact to all and sundry, whether they be patients or not. This is a perfectly public announcement; but, strange to say, to intimate the same in a public newspaper is anathema maranatha. Wherein would this be morally wrong? To do so would be a matter of public convenience, and would far more effectually meet the end in view than the intimation by board.

If you step across to some of the fashionable health resorts on the Continent you will find it perfectly regular for men of the highest character and qualifications to advertise, in the local lay press, the nature of their specialities, their residences, and hours of consultation. To do in like manner in Great Britain would be regarded as the conduct of a quack. Yet wherein is this wrong? Wherein is it half so demoralising and disgusting as some of the dodges which I have brought under your notice? Take the case of our own Colonies, not to speak of America. At "the Cape," in New Zealand, Australia, &c., no one would think of calling a doctor a "low brute" or a "quack" because he honestly paid for an honest card in a local newspaper, announcing the situation of his office, his qualifications, and hours of consultation. Yet members of the profession in the Colonies are every whit as gentlemanly as those of Great Britain. It is true they have less cant, less hypocrisy, and are not such masters of oblique advertising. If I ask the professional Mrs. Grundy how this offends the moral law, she asks me what I think of the last sermon on the "Regeneration of Stockbrokers," by some sensational preacher!

Some men can write books. I plead guilty to the crime of having written a few books myself, and I happen to know a good many members of my profession in Glasgow who would not at all object to be arraigned for the same iniquity. But, says some sage of the Ethical Section of the British Medical Association, books are "compilations," and they are written with a "motive." Well, supposing they are, whose busi-

ness is that? A good compilation is surely not bad. Who is to determine what books should and should not be written, and to whom are we to apply for the licence to write books? I think that the writing of a book is the fairest of all means for a man who can write one, to bring himself before the public and the profession. It is surely infinitely fairer than buying hospital appointments. As to "motive," I should like to know how motive is to be eliminated from human conduct. A man has a motive in taking a house in a particular street, in dressing in a particular way, in eating certain kinds of food, and in putting a brass plate on his door. Where is the "motive" line to begin and end? Who is to be the regulator of it? Motive is at the root of the Christian and all other religions.

Having dared to write a book implies the expenditure of time and money at least, even if brains be denied; and thus an author naturally wants to sell his book and, in order to sell his book, it is essential to bring it under the notice of the public, and to do this the book must be advertised. Here the protectress of professional morality, Mrs. Grundy, raises the tawse. You may advertise your book in any *medical* journal you please, but woe betide you if you advertise in any journal, no matter how respectable, if it be of what is called the lay order. Now, why not advertise in a lay journal? Some years ago, *The Times*, *Athenæum*, and other papers contained a weekly column advertising the books of the most prominent members of the profession in London and elsewhere. Having attained to professional eminence in this manner they,—these same men, chiefly,—then resolved to kick away the ladder on which they mounted to position, so that none else could follow. Because *they* resolved on being virtuous, there were to be no more cakes or ale.

I hold that it is quite laudable to instruct the public on medical as well as on other scientific subjects. Why are public lectures given, for instance, on microbes? Why are ambulance and

* As has been done in Glasgow.

nursing lectures given? Is the Combe Lecturer a quack? If a man writes a wicked or a bad book the evil consequences will be his. If he writes a book which the public cannot understand no harm will be done; if he writes a good book, which the public *can understand*, nothing but good will result. This prohibition is all a matter of bare-faced and impudent greed on the part of medical journals. You can get at the people as much as you like, they virtually tell you, "*but it must be through us*," and having "sopped" and conciliated them by your advertisements, they take good care that their journals are exposed in the most public places throughout the kingdom, distributed to reading rooms, hotels, clubs, &c., to the fullest extent that their finances will allow. Occasionally they issue special editions, and they do not fail to apprise authors of this intention, and how extensively these editions will be brought under the notice of the public. Medical journals depend to a comparatively small extent on the medical profession. Like all other journals they are money investments, and are commercially pushed like the daily papers. If a politician of standing has a wart on his nose, or any other prominent part of his body, the steps of his valet are dogged by the jackal of the press, medical as well as lay. An article is written on "cellular hypertrophy as modified by political convictions," and an early slip is sent to all the newspapers, and the medical journal is thus quoted. The whole thing is a pure matter of business. What do you find in the advertising sheets of medical journals? Why! advertisements of whiskies, stouts, ales, bed-clothing and personal apparel, carriages—anything in short that pays. Why should it be more wicked for a doctor to advertise his book in a lay journal, than that a medical journal should become an ordinary trade circular? Why should it be wicked for a doctor and not for a lawyer or clergyman to advertise his book? Take a Glasgow Saturday newspaper and you will find columns filled with Church announcements, with the texts on which the lucubrations of the following day are to be

based; and such tests! Why! some of them are most suggestive of the comic songs of Seven-Dials!* If a medical author prefers to get at the reading public direct, rather than through the intermediary of the medical journals, then I for one maintain his entire independence of choice in the matter.

I now offer for your consideration some of the medical ethical aspects of the question of fees. You may doubtless be aware that the club system is one which stinks in the nostrils of the patrician practitioner. On this question my mind is perfectly made up. I hold it to be the enunciation of sound political economy to maintain that what a man is unable to provide for himself personally, it is perfectly competent, and just on his part, to endeavour to obtain by honest co-operation. This is the basis of the club-system. It is much to be regretted that highly qualified medical men in all our large cities take clubs, for as low an annual payment as from 2s. 6d. to 3s. 6d. per annum. I have it on the best authority that in Gloucester, Oxford and Cambridge graduates take clubs at a half-penny a week (admitting anyone), and that out of a population of 40,000, three-fourths are attended in this way. But what compels them do

*The great established means for reaching the public to-day is advertisement in the press. This is used now as a matter of course by our leading authors and by many of the leading clergy of the Church of England, as well as those of the various Dissenting bodies. Yet this chief means of bringing the public into touch with them is absolutely prohibited to members of the medical profession. It is prohibited to the able and highly qualified young medical man, while he must look on and see it used in all its unrivalled efficacy by the quack doctor and the sham specialist. Of course this etiquette secures the great bulk of the lucrative practice for the successful elder men in the medical profession; but it not only leaves the younger men out in the cold, by forbidding them to publish their qualifications, it does far more serious disservice to the public, who are thus abandoned to the mercy of the quacks and the charlatans, who do reach a wide circle only too successfully; while numbers of really qualified medical men are ready to exercise the healing art, but are left without patients, the senseless professional etiquette barring the means open alike to the author and the clergyman, and condemning the public to ignorance of the qualified professional ability at their disposal.—*Saturday Review*, 11th April, 1896.

so? Chiefly the overcrowding of the medical profession, and conspicuously the ruinous and demoralising system to which I directed attention last week, viz., the Hospital system. This is the *fons et origo mali* in the matter of general professional poverty. The rich medical men of the West End of London for instance, squat their hospitals down in poor districts, give advice and medicine for nothing to all comers, simply in order that they may get guinea consultations at their residences; or some of them, as at "Guy's," charge threepence. How is the local doctor to live when thus scandalously robbed of his bread and butter by a false benevolence? He has to lower his fees *below the hospital fees*; and having then imposed on the poor serf a humiliation which he is impotent to resist, the rich coward turns the artillery of the medical press on the poor man, and bespatters him with opprobrium and insult.

In connection with this club-system I was witness to a most painful exhibition in the Ethical Section at the last meeting of the British Medical Association. A gentlemanly-looking man, a Surgeon-Captain Raye was put in the pillory and pelted with professional rotten eggs. What crime had this man committed? In order to obtain a living for himself and family he took service under a club in Oxfordshire. The club, it appeared, consisted of over 10,000 members, and some virtuous and indignant members of the British Medical Association held that Surgeon-Captain Raye, could not possibly give due attention to so large a number of club members, and that he was otherwise being humiliated. The question might be asked was that their business? What right has any self-elected coterie of the British Medical Association to assume the moral custody of any man's conscience or to determine the point at which he should rebel against humiliation? In vain did Surgeon-Captain Raye protest that if he resigned his club to-morrow there would instantly be fifty applicants for his appointment. But is it not possible for a man who gives his whole attention

to the work faithfully to attend a club of even 10,000 members? I hold that it is. Take the percentage of healthy people likely to be ill *per diem*, and you will find the number not so great after all. A friend of mine, and former pupil, recently informed me that in a poor and crowded locality in London, he saw of an evening from 80 to 90 patients, to each of whom he "gave a bottle." He modestly refrained from saying that *he prescribed*. Would Surgeon Raye's 10,000 give 80 or 90 patients of an evening? Certainly not. Of course there is no pretension to medical science in giving 80 or 90 people bottlesfuls of "stuff" of an evening; and I think such practice should engage the attention of the Society for the Prevention of Cruelty to Animals. But who has a right to interfere with the man who does it? What right has a coterie to interfere with Surgeon Raye? Still you never saw such a shindy.

They cursed him in eating; they cursed him in drinking,
 They cursed him in coughing, in sneezing, in winking,
 They cursed him in sitting, in standing, in lying,
 They cursed him in living, they cursed him in dying.
 Never was heard such a terrible curse,
 But what gave rise to no little surprise,
 Nobody seemed one penny the worse.

At a recent meeting of the Medico-Chirurgical Society of the University of this city, which I was privileged to attend, and where the essayist read a paper on "Medical Etiquette," he discussed the question whether fees should be accepted from clergymen. Now as I entered the profession before the majority of you were born, and as I have come in professional and social contact with all grades and conditions of men, I ought to have some decided opinions on this one. My distinct opinion is that poverty and suffering never appeal in vain to the worthy disciple of the old man of Cos, but I distinctly fail to see why, because a man is a clergyman, he is entitled to sponge, particularly on a young and poor practitioner of medicine. In my opinion, and I submit it with all humility, especially in the City of Glasgow, the clergyman in receipt of over £1000 per annum is grossly overpaid; and as a rule clergy-

men are the most pampered members of the community. Every now and again do I notice the presentation of £400 or £500 to some clergyman, especially one with his comfortable £1000 per annum, to enable him to go and take a four or five months' holiday, after a series of fierce encounters with Beelzebub, or of his having a pecuniary jubilee or semi jubilee. When did you ever hear of a poor hard-wrought doctor ever receiving a £5 note from the public if run down in health? Of course the money is ostensibly given to our friend, the parson, to strengthen the faith (and if anything can do this money will) by a run to the "Holy Land"—a very dirty place as I understand from men who have been there, and still refuse to swallow Jonah or his Whale, or the Gadarean pigs. Considerations of health often demand, on the part of our ecclesiastical friend, that he should sojourn (that I believe is the word) in the "gay city" for a considerable number of days, *en route* to and from Jerusalem, and if you looked into the "Jardin Mabille," the "Moulin Rouge," or the "Folies-Bergère," the chances are you would find the shepherd there, propagating the gospel, in continental fashion, and evincing a familiarity with the locality and a delight in its enjoyment, worthy of a Glasgow Bailie!

In conclusion then, gentlemen, and I must thank you for your courteous hearing, let me emphasise my own position. I am satisfied, so far as concerns medical etiquette, with the Golden Rule. A gentleman, like the poet, is born, not made. The Saints were the Lord's from the beginning. The Gods look down, it is said, and smile on good men, struggling with adversity, and they may well smile at, and compassionate the young man struggling with the moral ready-reckoner of the British Medical Association, or the patronising enactments of the moral God Terminus who presides over its ethical department.* Emphatically there should be no etiquette,

* Here is a very fair example of the metaphysical idiocy of medical virtue! (*Brit. Med. Jour.*, Dec. 28th, 1895):—

"THE RED LAMP.

"L. asks if there is anything objectionable in his having a plain red lamp

and there can be no etiquette, in the medical or any other profession, other than the etiquette which regulates and controls the conduct of all men who aspire to the moral dignity of gentlemen.

So far as concerns me, I say with my countryman, the author of "Tullochgorum."

What though some sage or holy quorum
Should lightlie me for Tullochgorum,
I'll ne'er steer my sturdie for him
Wha'e'er he be;
As lang's I ken to keep decorum,
As well as he.

attached to the wall of the house inside the garden near the front door.

"* * * Ans.:—Although there is no written ethical rule condemnatory of the use of a red lamp as proposed, nevertheless any such deviation from general prescription and usage, is, as a rule, viewed by the profession with more or less distrust, and almost invariably induces disparaging remarks, and should therefore be carefully avoided. If, however, the locality of the house be so dark as to render more light desirable, we would suggest that an *ordinary* or *other* selected gas lamp, *with* or *without* a reflector, should be so arranged as to throw the light upon the door or name-plate, or, as an alternative, to *paint* or *otherwise* display, the name on the glass of the fanlight over the door, *illuminated from behind by a gas jet!*"

Antistrophé. When in London at the meeting of the Brit. Med. Assoc. in August last, I overheard the following conversation at breakfast:—

"I never attended a meeting like this for 'robbery,'" said a voluble representative of perfume and soap manufacturers. "You don't mean," said his neighbour, "by professional thieves." "Oh, dear, no! Doctors' wives! 'They begin at the one end of the table, and by the time they get to the other it is swept clean.'"

Medical Ethics, I quietly thought, like charity should begin at home.





APPENDIX.

I recently addressed a letter to the *British Medical Journal* which the Editor, in the exercise of his wise discretion, declined to insert, whereupon the subjoined correspondence followed :—

SEPTEMBER 17th, 1896.

Sir,—As the "Ethical Expert" cynically alluded to, and the writer, moreover, of the reply in the *British Medical Journal* of June 6th, to the correspondent in question, your letters of September 7th and 10th have naturally been referred to me, and to which my response shall be as brief as the exceptional Continental incidents cited will admit,

Having reason to believe that I entered the profession *prior to your birth*, I may, as an octogenarian, not unfairly venture to assume some personal knowledge of the prescriptive, time-honoured rules and customs of the medical men of those days, and alike of the innovations of the modern school ; and was moreover a Continental visitor long ere you were a qualified graduate. I feel compelled, therefore, on behalf of the honour and dignity of the profession to ask if the accepted (though for a long period unwritten) traditional rules and customs approved and acted upon by such eminent representative practitioners as the late Sir Thomas Watson, Sir R. Christison, Sir G. E. Paget, Sir G. Johnson, and various other honoured leaders of the faculty, are to be ignored and superseded by the trade-like procedures of the alleged "most respectable men in the most fashionable Continental Health Resorts." If so regrettable a course as that suggested be persisted in, I venture to believe that the disciplinary laws of the several British qualifying bodies will prove to be sufficiently restricted, if enforced, to check such professionally immoral tendencies on the part of the more or less exigent modern practitioners.

Would (as a parallel argument) our Christian brethren in the north, think you, be inclined to assent to the introduction of the Continental Sunday, on which Sunday I have amid other desecrations witnessed building operations in close

APPENDIX

proximity to a church (in which I usually worshipped in conformity with the Anglican service) of which a personal friend was the clergyman? I trow not!! Further, as a former editor (for Scotland) of a medical journal, I would have thought that a feeling of brotherhood would have induced you to abstain from charging the Editor of the *British Medical Journal*, or as you seek to qualify it—his “Moral Expert” with constantly “abusing” members of the profession, and contingently imputing to them conduct approximating that of a “blackguard” (vide your letter of the 10th). Such imputations, I would venture to remark, ill accord with the customary amenities of medical Editorship.

With reference to your “Address on Medical Ethics” in the “Scalpel,” I am not in a position to express an opinions inasmuch as I have never seen the periodical referred to; nor if the name affords any indications of the true nature of it, contents, should I care to do so.

Respectfully yours,

THE MEDICO-ETHICAL ASSESSOR,

PRO EDITOR *British Medical Journal*.

D. Campell-Black, Esq., M.D.,

Glasgow.

121, Douglas Street, Blythswood Square,

GLASGOW, 23rd SEPTEMBER, 1896.

To “The Ethical-Assessor” of the *British Medical Journal*.

Sir,—I have to acknowledge the honour which you have again done me in personally addressing me on the question of professional propriety. The last time I received a similar compliment from you was in April, 1893, and possibly you will regret to learn that the intervening lapse of time has not weakened but strengthened my resolve to be my own interpreter of professional morals, and to scout the proffered aid, however well-intentioned, of either yourself or of the Editor of the *British Medical Journal*. The fact that you are an octogenarian demands from me the courtesy due by all gentlemen to age, but I submit with all good feeling, that according to my view, it rather disqualifies you than gives you authority or title to act the part of moral censor to me, as in the *laudator temporis acti* mental no less than the physical vision is circumscribed and dimmed. Evidently doubting the potency of your own mysterious personality over me, you refer to “the traditional rules and customs approved and acted upon by such eminent representative practitioners as the late Sir

APPENDIX.

Thomas Watson, Sir R. Christison, Sir G. E. Paget, Sir George Johnson, and various other honoured leaders." Why! *These men are dead.* Ceaseless mutation is the universal law in morals as in other matters, and I am not aware that these gentlemen, no matter how "honoured," have stereotyped professional or other conduct for all time coming, or that they would not have adjusted themselves to the varying conditions of the present time, as they honourably did to those of the time in which they led blameless and useful lives.

The analogy (which you call "a parallel argument"), which you draw between "our Christian brethren in the North," and my attitude to the "Professional Ethics" of the *British Medical Journal*, is to me far from relevant or convincing, as I have no sympathy with the acetous sacerdotalism of my Transgrampian countrymen. The fervour and narrow-mindedness of ignorance and fanaticism are usually sincere, and to *that extent* they command my respectful sympathy and commiseration, but not my intellectual allegiance. The Sabbath, we have it on authority which *you* will not dispute, was made for man, not man for the Sabbath, and if necessity compelled the unsanctified builder, to whom you refer, to work on the Sunday, he had, according to my unregenerate notions of morality, a perfect right to do so, even if he ruffled the devotional æstheticism of an "Anglican" physician. If a devout man desire communion with his God, why not seek it in the retirement of his bed-chamber or of some mountain solitude, with nature to assist his orisons to his Maker's praise and love? The eye of faith is not dimmed by seclusion, nor is the ear of Deity blunted to the heartfelt invocations of the hermitage. I desire heartily to repudiate the insinuation that I charge you with any aspect of the conduct of a "blackguard." I used the word "vilify" in a professional sense, and I hold it to have been perfectly justified by the treatment which Dr. Kingsbury received (*vide Kingsbury v. Hart*), and which others have received, and in a somewhat chastened manner continue to receive, from your so-called "ethical" bureau. As to "the customary amenities of medical editorship," the least said the better to one like me, who has had considerable experience behind the *scenes*.

I am,

With all due respect,

Yours faithfully,

D. CAMPBELL-BLACK.

WORKS BY PROFESSOR CAMPBELL BLACK,

Physician to the Glasgow Public Dispensary (Department for Kidney and Urinary Diseases) etc.,

AND

CRITICISMS OF THE LEADING MEDICAL JOURNALS, AND

DISTINGUISHED MEMBERS OF THE PROFESSION.

OBSERVATIONS ON THERAPEUTICS AND DISEASE. London :
Churchill & Son.

"Dr. Black is one of those thinkers who ought to be encouraged. . . . We have said that we think such an attempt as Dr. Black's is one to be encouraged. We think so because boldness of thought, and a disposition to handle the problems of disease and of health in a large spirit, are very necessary to this great reform in therapeutics which we all hope to see. There is much ability in his pamphlet, and it will be an immense gain to practical medicine if he succeeds in stirring up our scientific therapeutists to look at questions of medication in a broad way, and in relation to the great physiological states, instead of merely ticketing remedies with specific titles, and inducing the hapless practitioner to discharge them at a supposed peccant organ, as a boy might aim a pea from a pop-gun."—*Practitioner*.

"Dr. Black's essay displays an extensive knowledge of his subject, and though many of his views are necessarily open to controversy, they are well worth consideration."—*Brit. and For. Med. Chir. Rev.*

"The book shows that its author possesses considerable speculative ability, and that he entertains a healthy hatred of everything savouring of refinement in diagnosis, as well as of all those who, in the pursuit of new remedies and theories, neglect to exhaust the curative capacities of known drugs. . . . It is suggestive, and written with considerable vigour."—*Edin. Med. Jour.*

"We have a thoughtful and carefully-written pamphlet from Dr. Black on 'Therapeutics and Disease.' . . . There is a great deal of hard reading in his pamphlet, and we shall not attempt to do justice to the author in tracing his observations throughout. His endeavour is to indicate certain conditions of the system which give, as it were, distinct opportunities for the attack of diseases, and then to show how remedies which will cure these diseases do so

by restoring the system to its properly balanced state. We are compelled to place Dr. Black's classification thus vaguely, for there is too much in it to analyse it throughout."—*Chemist and Druggist*.

"Your 'Observations on Therapeutics and Disease' I have read with much pleasure."—*Sir Wm. S. Savory, F.R.S., Surgeon and Lecturer on Surgery, St. Bartholomew's Hospital, London.*

"There is no doubt that such an effort as yours will end in that consummation so devoutly to be wished—the putting of the study of the physiological action of remedies on a more rational basis."—*T. E. Thorpe, Prof. of Chemistry, Anderson's University, Glasgow.*

"I have read, and re-read, your pamphlet, and find it excellent."—*J. Hjaltelin, M.D., Chevalier of the Legion of Honour, Knight of the Order of Dannebrog; Chief Physician, Iceland.*

BRIGHT'S DISEASE. London: J. & A. Churchill. Philadelphia: Lindsay & Blakiston.

"This volume comprises a series of six lectures on Bright's Disease of the Kidney, delivered at the Royal Infirmary of Glasgow, and afterwards published in the *Medical Press and Circular*. In the present form they have been revised and amplified, and cannot fail to be acceptable to every busy practitioner who has not time to consult a large treatise. The subject is very interestingly, comprehensively, and practically treated."—*New York Medical Record.*

"I have read your work (Lectures on Bright's Disease) with much pleasure and consider the book will be most valuable to the student. The facts are put very lucidly, and the reasoning is in a concise form, showing that you must be a good teacher; and I hope you have, or mean to obtain, a lectureship in some good school of medicine."—*George Owen Rees, M.D., F.R.S., Senior Consulting Physician to Guy's Hospital.*

URINARY AND REPRODUCTIVE ORGANS. Second Edition. London: Churchill & Sons. Philadelphia: Lindsay & Blakiston.

"This volume—the expansion, as its author tells us, of a proposed article for the *British Medical Journal*—is evidently written by a gentleman of considerable practical experience, deep thought, and extensive reading. . . . The style of the author is easy and agreeable. . . . On the whole, his work is a valuable contribution to medical science, and being penned in that spirit of unprejudiced philosophical enquiry which should always guide a true physician, admirably embodies the spirit of its opening quotation from Professor Huxley."—*Philadelphia Medical Times.*

"We like the tone of the book though it advocates many propositions not accepted by the profession. Even these, we think, will provoke discussion, and so hasten the time when the functional diseases of the male shall be as carefully studied and treated as those of the female."—*Michigan Univ. Jour.*

"There is so much cleverness, *bonhomie*, and frankness, and apparent

honesty of purpose, and distaste for quackery, that hostile criticism is disarmed. . . . It is an interesting, original, and will probably prove a useful work. With Chapter IV., begins the real work of the author, on *The Pathology and Treatment of Nocturnal Emuresis and Spermatic Incontinence*. This is followed by a well reasoned and manly discussion of the unsavoury subject. The practical observations on treatment are sensible. The book is nicely got up, and the Table of Contents and Index are admirably arranged."—*Edin. Med. Jour.*

"Dr. Black deserves all praise for the manliness, heartiness, honesty of purpose, and scientific zeal with which he has treated a subject which has become distasteful from its associations, which has been too much shunned by our profession, and which has unfortunately fallen almost altogether into the hands of charlatans. . . . Dr. Black's book contains much useful information, and will doubtless prove interesting to many readers."—*Birmingham Medical Review*.

"This is an important work, showing extensive research, and conveying much information."—*The Doctor*.

"There is a large amount of useful information in the book, the author has evidently read a good deal and can think for himself. We regard the book as a good and well-intentioned one."—*Brit. and For. Med.-Chir. Review*.

ON THE GERM THEORY OF DISEASE, WITH SPECIAL REFERENCE TO KOCHSPIEL.

"Before any new saint is canonised the *advocatus diaboli* must have his say before the Sacred College. Possibly, in arranging for new saints, the *advocatus* is of little practical value, but in medicine of the present day of fads and advertising them, a good strong *advocatus diaboli* is of immense value, and if only listened to might possibly save the profession from running after new follies and bowing down to strange gods. Dr. Campbell Black is a clear-sighted, practical man, with an incisive pen and a turn for literature, devoid of reverence for fetishes of all sorts and sizes. He recalls us to common sense, and though he says pretty strong things about the Koch craze and the Pasteur worship, they are said so good naturedly that no one's feelings can be hurt, and time is already showing the wisdom of his words."—*Edin. Med. Jour.*

"Dr. Black describes himself as a survival from the anti-microbial age! Would that such survivals (or revivals) were more numerous! We should then have fewer feverish followers after fancied panaceas and puffing advertisements. 'Kochism' 'is the convulsive stage of a moribund fad. There is already foreshadowed a return to intellectual sobriety, common sense, and the unshakable principles of physiology, on which alone medicine, as a science, can ever be reared or ever permanently repose.' When that time shall have arrived, the theory that Dr. Black has herein so ably controverted shall have died out, and no more than as a thing of the past shall we hear of 'Kochspiel,' as Dr. Black has designated the theory."—*Provincial Med. Journal*.

"Le Dr. C. Black attaque vigoureusement les théories microbiennes et annonce à leurs adeptes un écroulement à bref délai de leur édifice. Le Listerisme, Le Pasteurisme, autant, de divagations, dont le Kochisme est la dernière convulsion."—*Le Progrès Médical*.

"Potrei qui citarvi diversi celebri clinichi che sono del mio parere, ma mi

limito a transcrivervi, come degna di esser meditata, la chiusara, che leggo proprio adesso, di una conferenza fatta teste alla *Glasgow Medical Society* dal Prof. Campbell Black alla *The Germ Theory of Disease with Special Reference to Kochspiel, &c.*—*Professor Seminola, in the Corriere Napoli.*

"Many thanks for the copy of your address which you so kindly sent me, and which I have read with much interest, especially so as it gives expression to what one of our civic fathers said at a meeting of our Corporation, 'Thim's my sentiments, but betther expressed.'"—*Professor Rawdon Macnamara, Dublin.*

"There is more medical science properly so-called in its pages than in any dozen of the articles in the Medical Journals which I have seen. . . . To read your address is like standing on Arthur's Seat after a night in a pest-house."—*Dr. Edward Berdoe.*

"Even if I cannot agree with it all, I can at least appreciate with pleasure the excellence of your literary style, and the vigour of your language. . . . You possess the courage of your opinions, and the power to express them, which is but too rare in these days of ignoble compromise and halting phraseology."—*Lennox Brown, F.R.C.S., London.*

"I last night read through your instructive 'Address on the Germ Theory of Disease' with pleasure and profit. I may say, in the main, I entirely agree with you."—*Jabez Hogg.*

"I wished to tell you with what pleasure I read your vigorous address. It is quite refreshing in these days of extravagant theories, and the new practises resulting therefrom, to read so much common sense as your address contains."—*Geo. Granville Bantock, M.D., London.*

"Accept my best thanks for your address. It appears to me to be struck on the right note."—*Sir And. Clark, Bart., M.D.*

"Thanks for your charming papers. I always enjoy your racy writings. I agree with you in all your grand, old-fashioned sound reasonings."—*A. S. Myrtle, M.D., Harrowgate.*

THE URINE IN HEALTH AND DISEASE AND URINARY ANALYSIS:
PHYSIOLOGICALLY AND PATHOLOGICALLY CONSIDERED (Baillière,
Tindall & Cox, London; and Lea Brothers, Philadelphia).

"The word under consideration forms an exceedingly good compendium on this subject, besides containing no small amount of original observation. The Anatomy and Physiology of the Kidney are first considered, and both are treated plainly and concisely, especially praiseworthy are the tables and epitomes here inserted, and the same remark applies throughout the book; in fact, these tables and summaries are a most noteworthy feature of the work, and facilitate easy and rapid reference. Dr. Black's endeavour has evidently been to make the book as practicable as possible, and in this he has been eminently successful. . . . The abnormal constituents of the Urine are naturally most carefully and fully considered. The classification of albumens and their characteristics are clearly described. The detection of albumen occupies a considerable amount of space, all the principal methods being given. . . . A section on Urinary sediments to be of any value must be well illustrated. In this department the book is certainly not lacking, for the

illustrations are numerous, accurate, and well reproduced, so that much may be learned by merely glancing through the pages and the figures contained therein. We can with confidence recommend the work as a useful textbook, and a handy volume of reference."—*The Lancet*.

"Dr. Campbell Black then goes on to consider the normal and abnormal constituents of Urine, giving a detailed account of the various quantitative and qualitative tests in general use. We heartily congratulate him on the thorough manner in which these sections have been prepared, for we know of no book of moderate bulk which gives such complete and trustworthy information regarding the quantitative estimation of the Urinary Solids."—*Glasgow Medical Journal*.

"We are, however, more immediately concerned with Part III., which deals with the abnormal constituents of the Urine, and the means of ascertaining their presence. This part of the book has been gone into with a precision and a fullness which, so far as we are aware, is unprecedented in this department of Clinical Medicine. . . . There are a large number of illustrations, for the most part well done, and many of them original. . . . We must congratulate the author on the successful issue of his very laborious and original undertaking."—*Medical Press and Circular*.

"Very full and complete summary of our present knowledge of the Urine, and of its analysis. . . . It is well written, most complete, and contains numerous tables for rapid calculation in quantitative analysis which should prove of great value to the clinical worker."—*Edinburgh Medical Journal*.

"Dr. Black's book contains in an acceptable form all that is important in the analysis of the Urine both as regards the familiar constituents and the rarer ones just mentioned. . . . The importance of Urine analysis is so great that every physician should possess a reliable text-book to which he can constantly refer for information. For this purpose we can recommend the manual of Dr. Black as one of the best published."—*Philadelphia Medical News*.

"Very many thanks for the copy of your book you kindly sent to me. I congratulate you on its style and appearance, and on what is of more importance, its excellent descriptions of everything relating to the subject. A careful perusal of it, which I may say I have already been able to accomplish, shows me that it is an admirable work, and I cordially wish it much success."—*Professor M^cKendrick, University of Glasgow*.

THE LAURIE CASE.

ON CERTAIN ASPECTS OF MEDICAL REFORM
(Delivered before the Medico-Chirurgical Society of Glasgow
in 1870.)

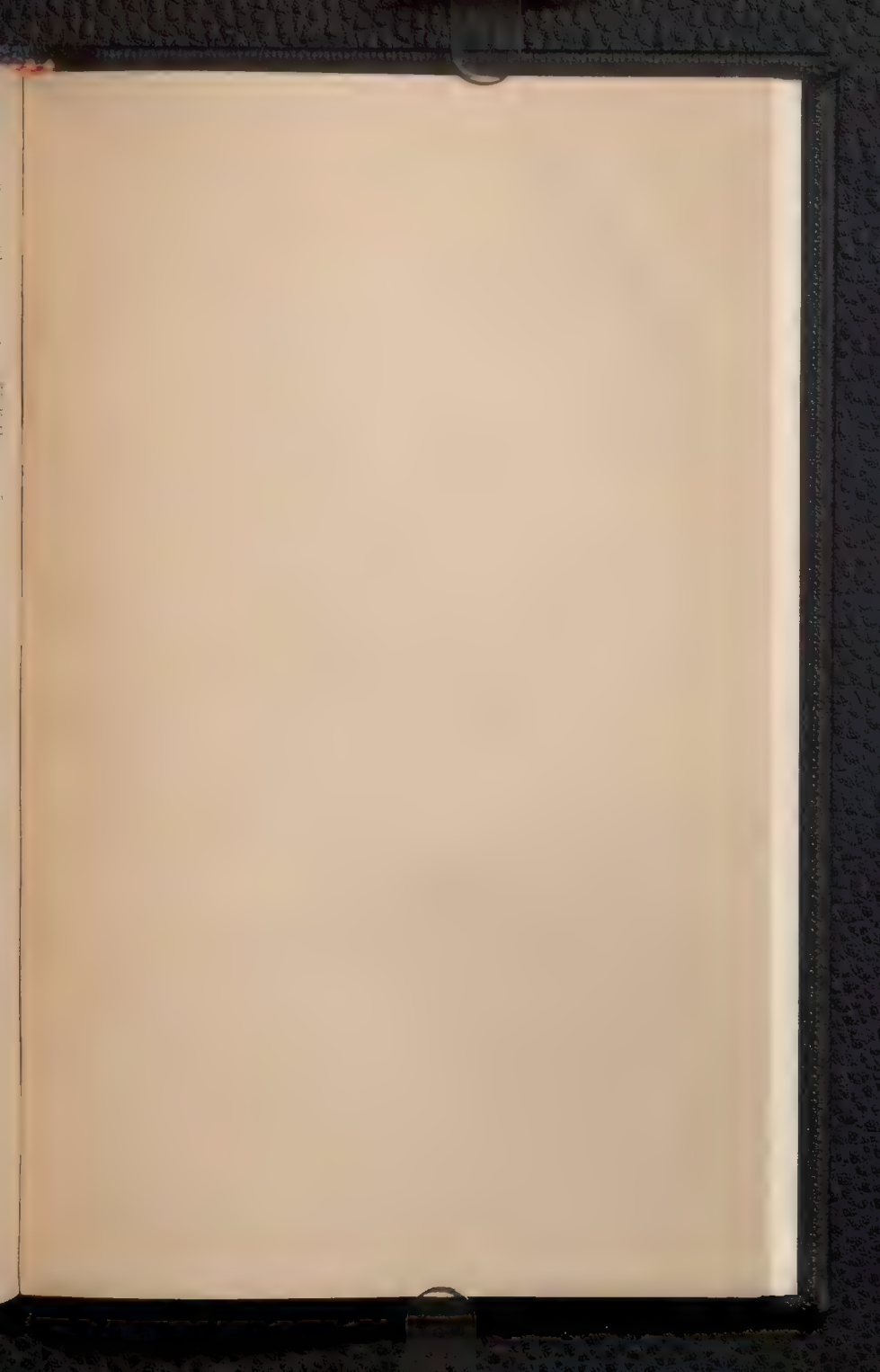
ON MEDICAL CHARITIES (1874).

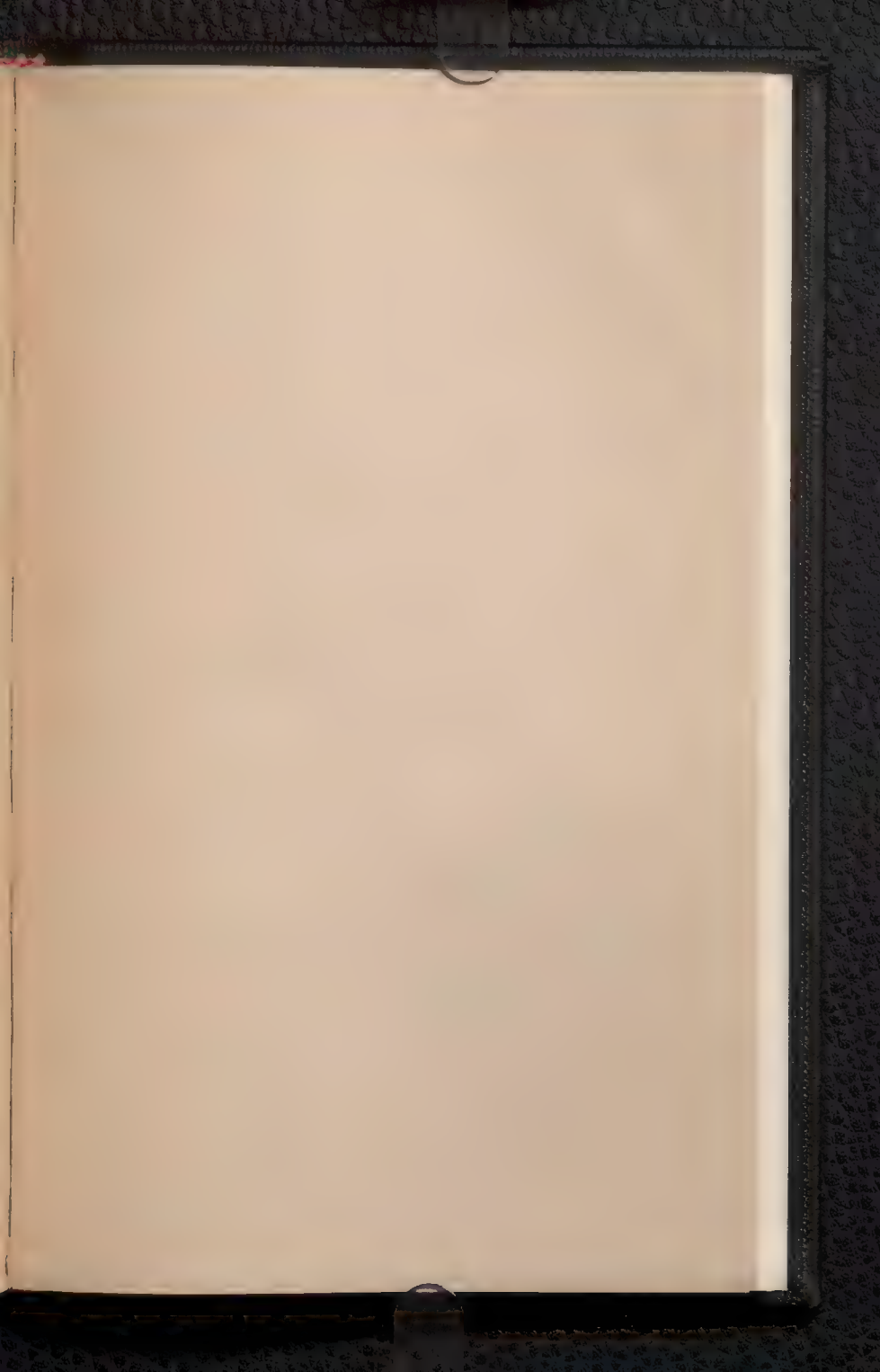
THE IVORY GATES OF THE MEDICAL PROFESSION.

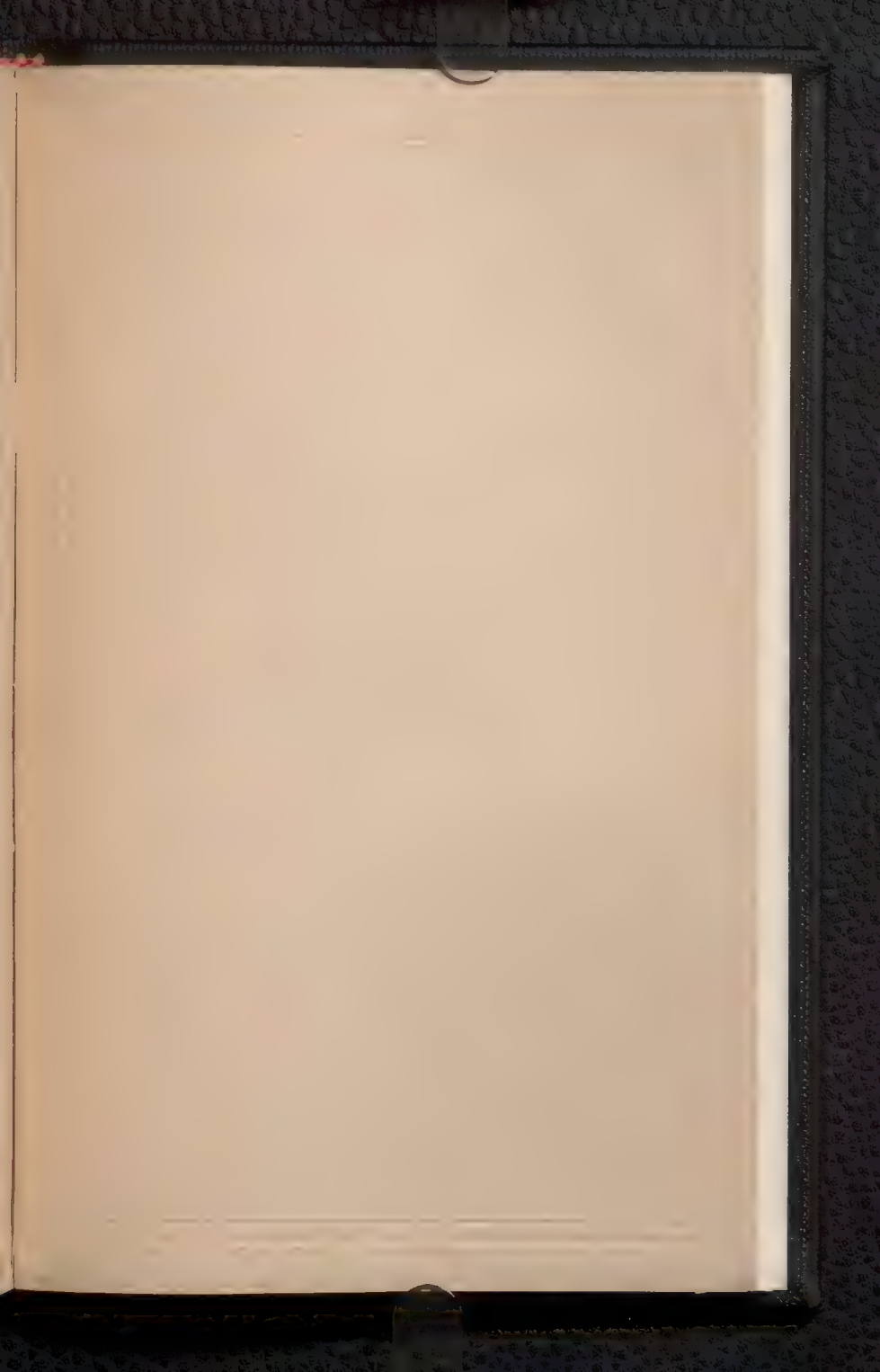
INAUGURAL ADDRESS TO THE PHYSIOLOGY CLASS
IN ANDERSON'S COLLEGE, (1891).

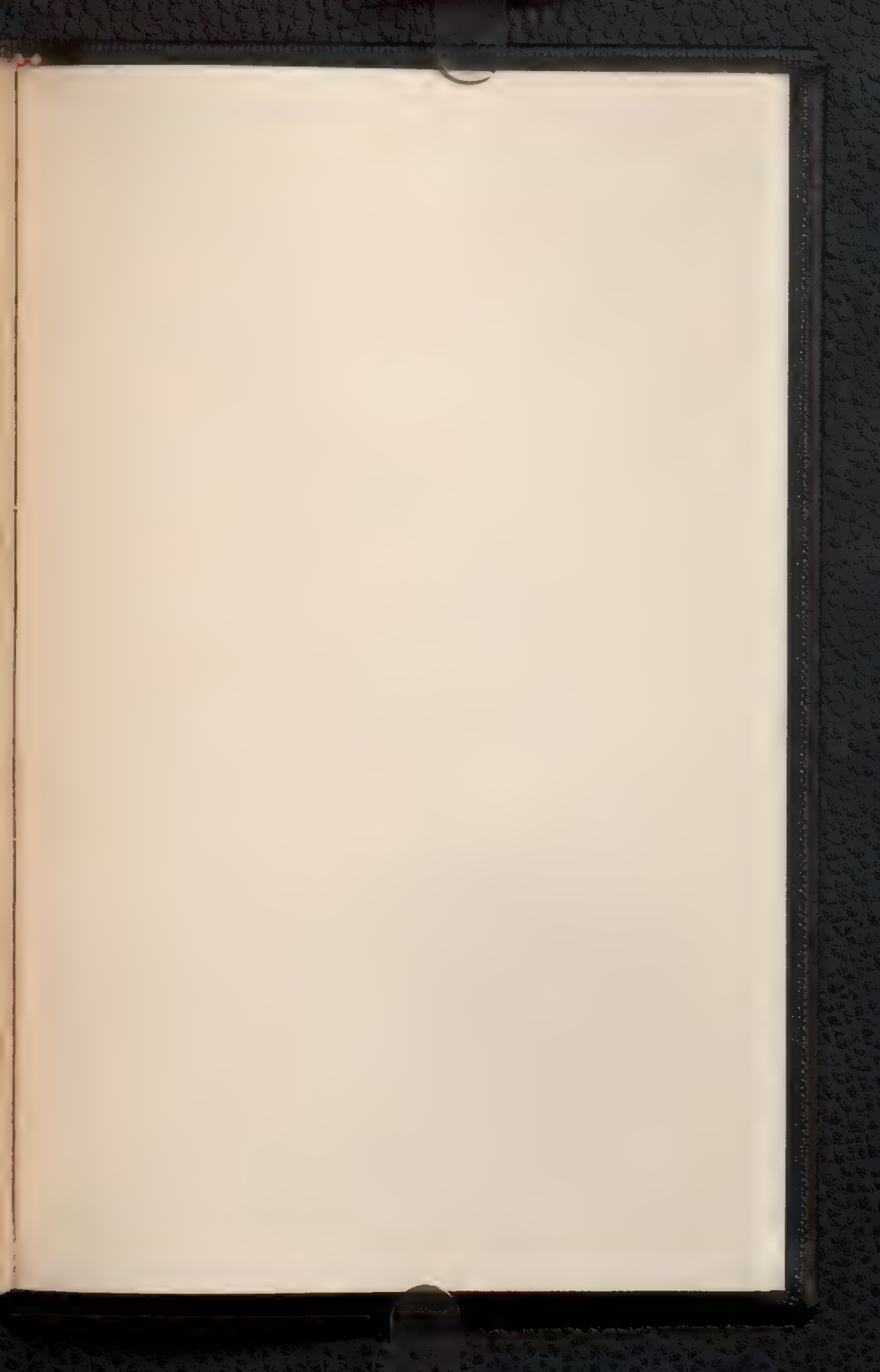
MISCELLANEOUS CONTRIBUTIONS.

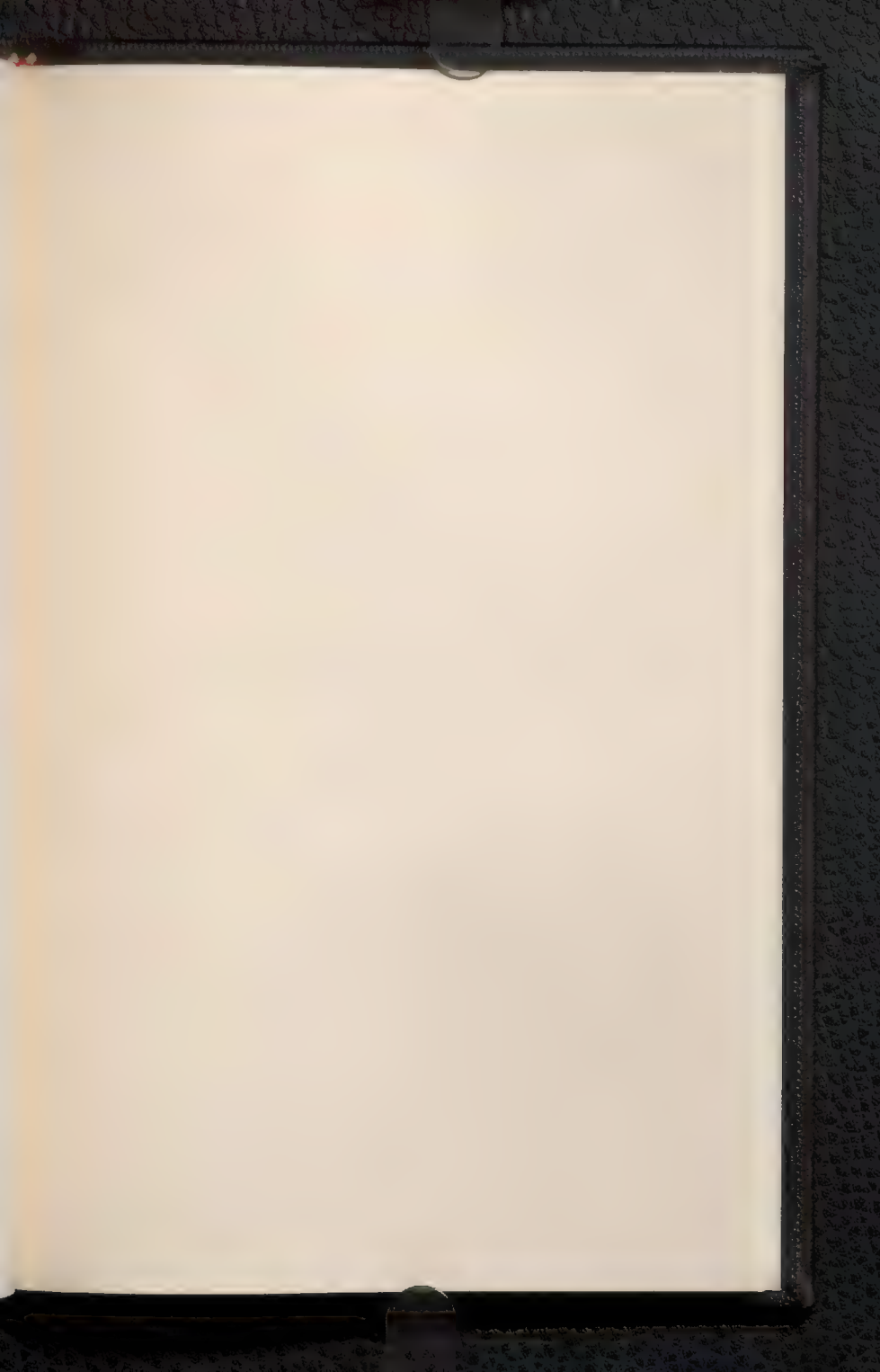
- Report of a Case of Death from Intoxication.—*Lancet*, 1863.
- On an Outbreak of Enteric Fever, with Special Reference to its Etiology and Complication with Diphtheria.—*Lancet*, 1864.
- On the Effects of Iodide of Potassium.—*Lancet*, 1865.
- On Syphilitic and Phagedenic Ulceration, their Pathology, and Local and Constitutional Treatment. (Two Papers).—*Lancet*, 1866.
- On Antiseptic Surgery.—*Lancet*, 1869.
- On Vesical Absorption.—*Brit. Med. Jour.*, 1869.
- On Certain Points in the Pathology and Treatment of Gonorrhœa.—*Brit. Med. Jour.*, 1869.
- On Certain Circumstances that Contribute to Impede the Progress of Scientific Medicine and Surgery.—*Brit. Med. Jour.*, 1870. And read before the Public Medicine Section, at the Newcastle Meeting. (The Section accorded Dr. Black a unanimous vote of thanks for his very suggestive paper.—*Lancet*.)
- Case of Idiopathic Myelitis, with Renal Abscess, &c.—*Glas. Med. Jour.*, 1867.
- Review.—Works of Dr. Althaus.—Do., 1867.
- Review.—Hodge's Practical Dissections.—Do., 1867.
- Review.—London Hospital Clinical Lectures and Reports.—Do., 1867.
- Review.—Hunt on Stammering.—Do., 1867.
- Review.—Ashurst on Injuries of the Spine.—Do., 1867.
- Review.—Report on Epidemic Cholera in the United States Army.—Do., 1867.
- Review.—M'Call Anderson on Eczema.—Do., 1867.
- Review.—Thomson on the Influence of Australian Climate.—Do., 1871.
- Case of Face Presentation requiring Craniotomy.—Do., 1867.
- Case of Pleurisy, terminating fatally from Syncope.—Do., 1867.
- Nocturnal Enuresis, &c.—*Brit. Med. Jour.*, 1871.
- Congenital Syphilis, treated by Bichloride of Mercury.—*Practitioner*, 1871.
- On the Conversion of Uric Acid into Urea by Oxidation.—Do., 1871.
- Influence of Air on Wounds.—*Lancet*, 1870.
- Special Hospitals.—Do., 1872.
- Remarks on Prostatorrhœa. (Two papers.) *Lancet*, 1882.
- And many other "Leaders," "Reviews," "Original Articles," "Letters," &c., in *Lancet*, *Medical Press and Circular*, *British Medical Journal*, and in local medical journals.



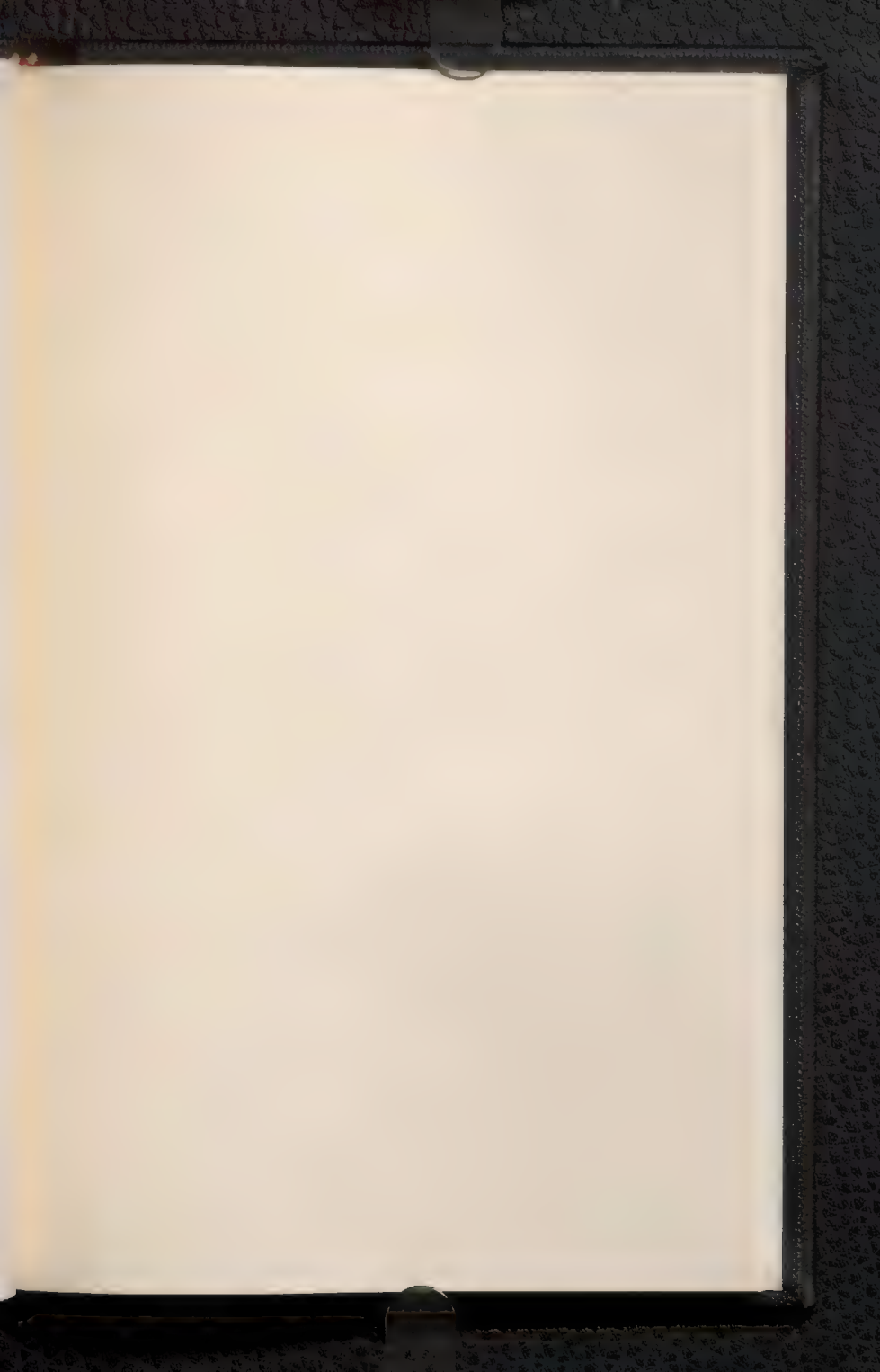


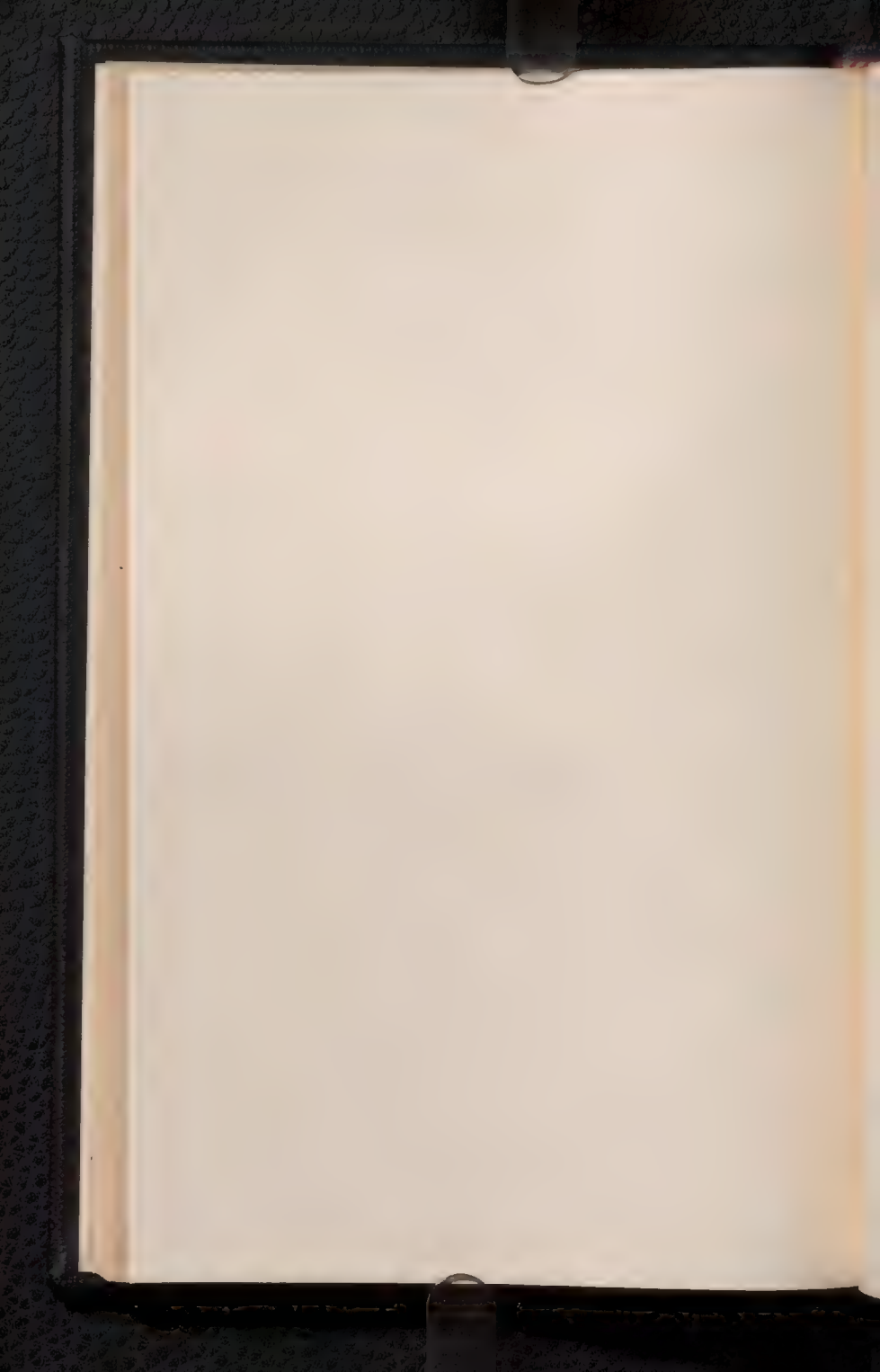
















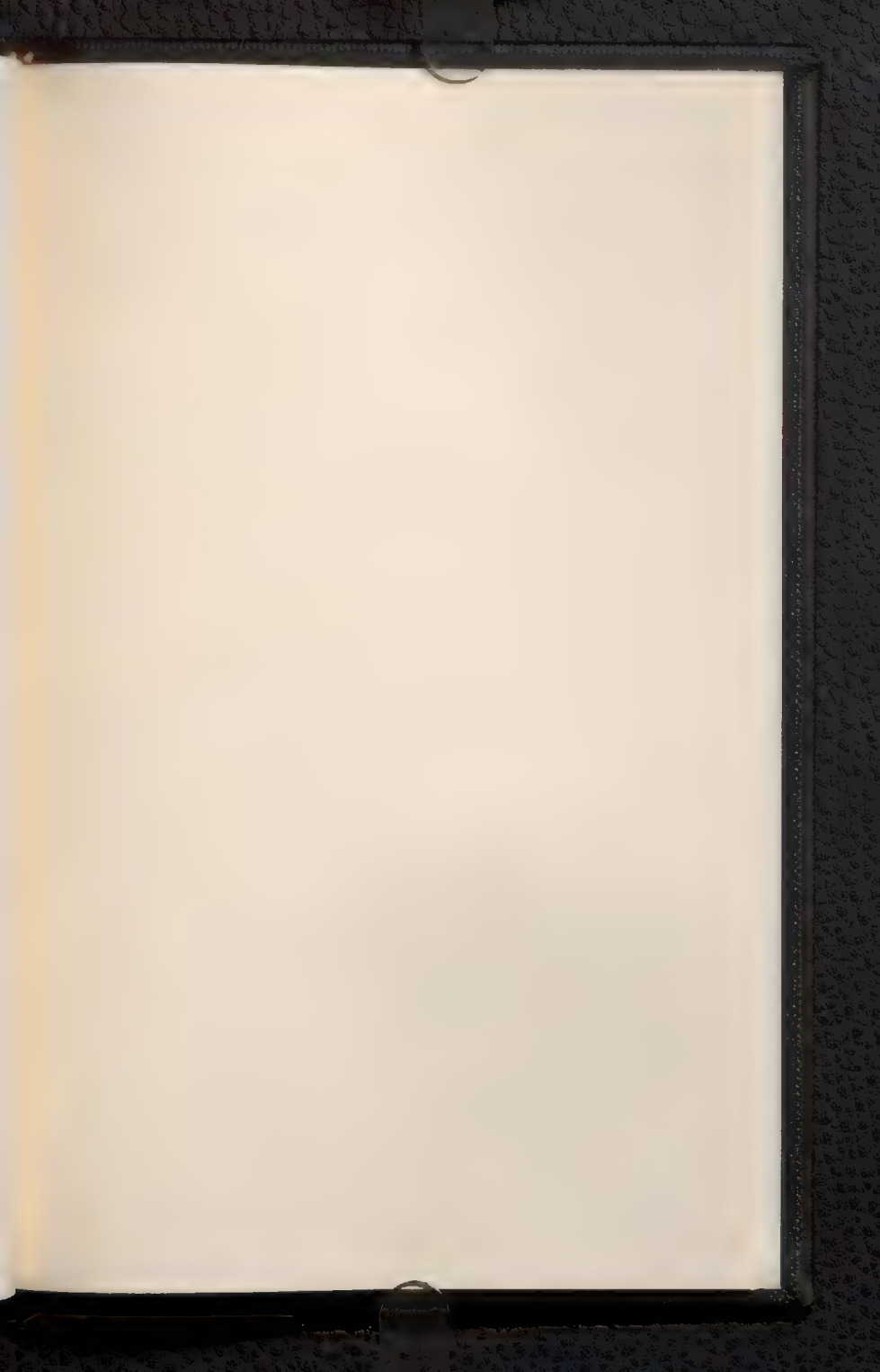


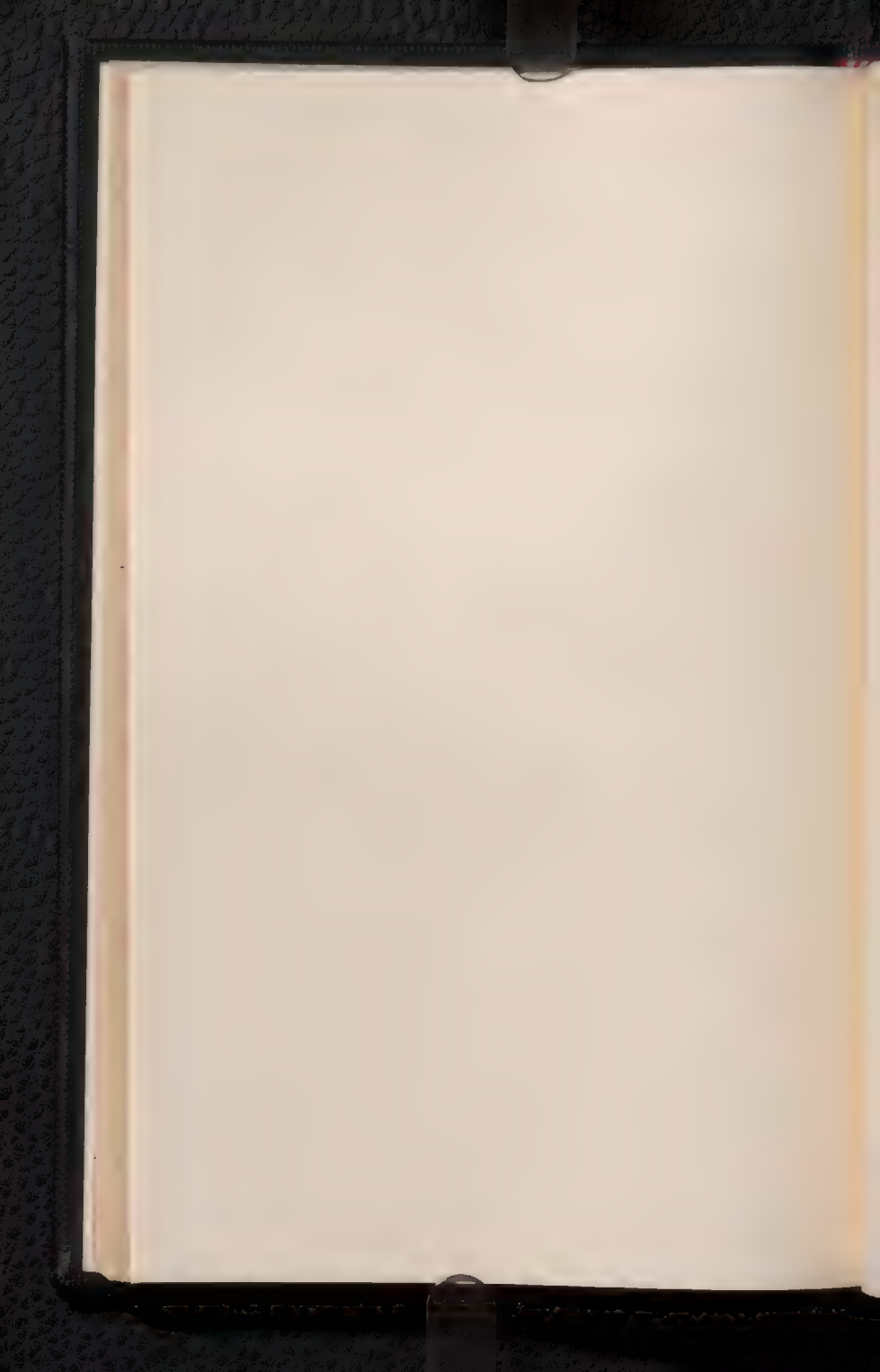




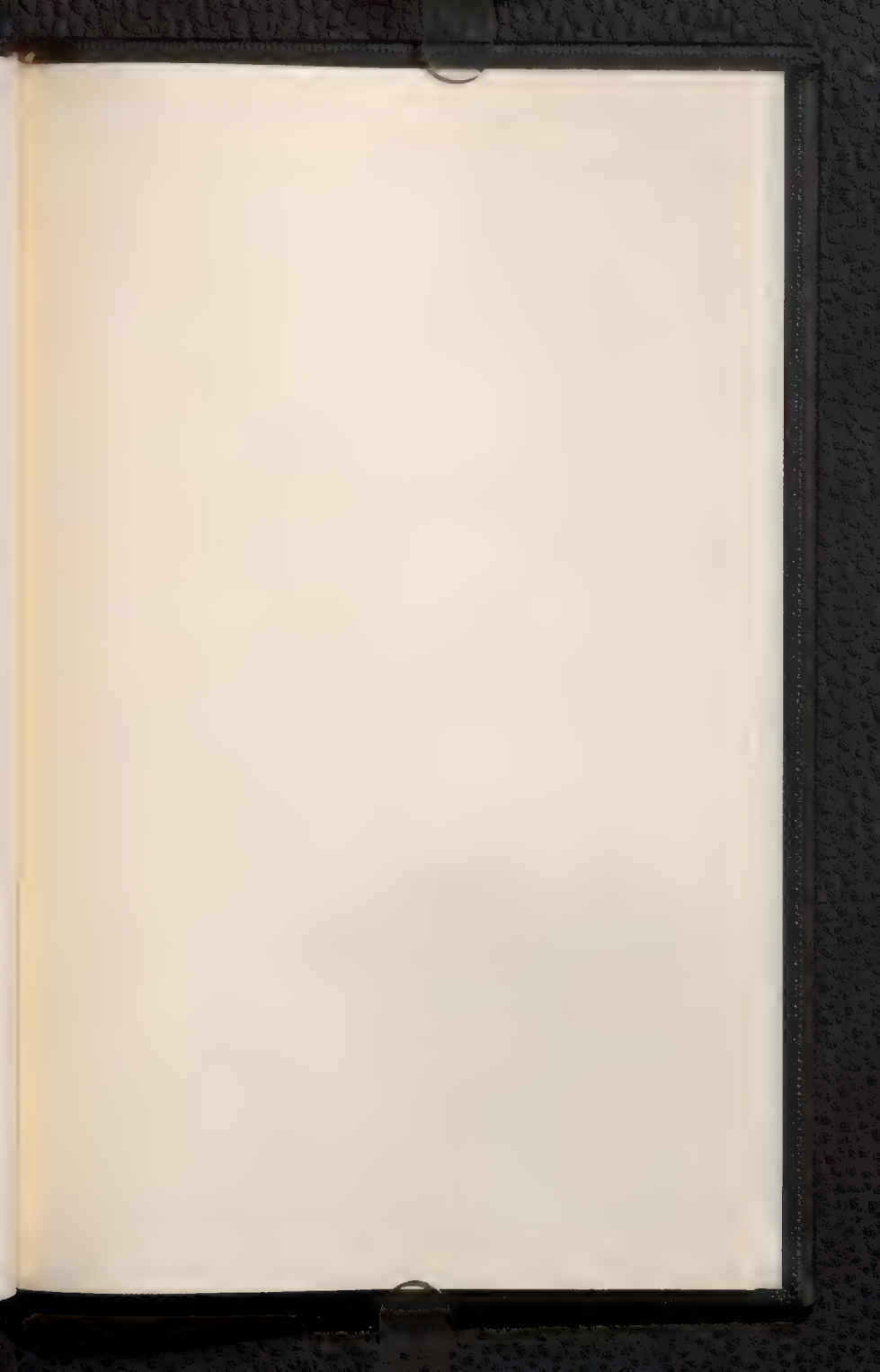


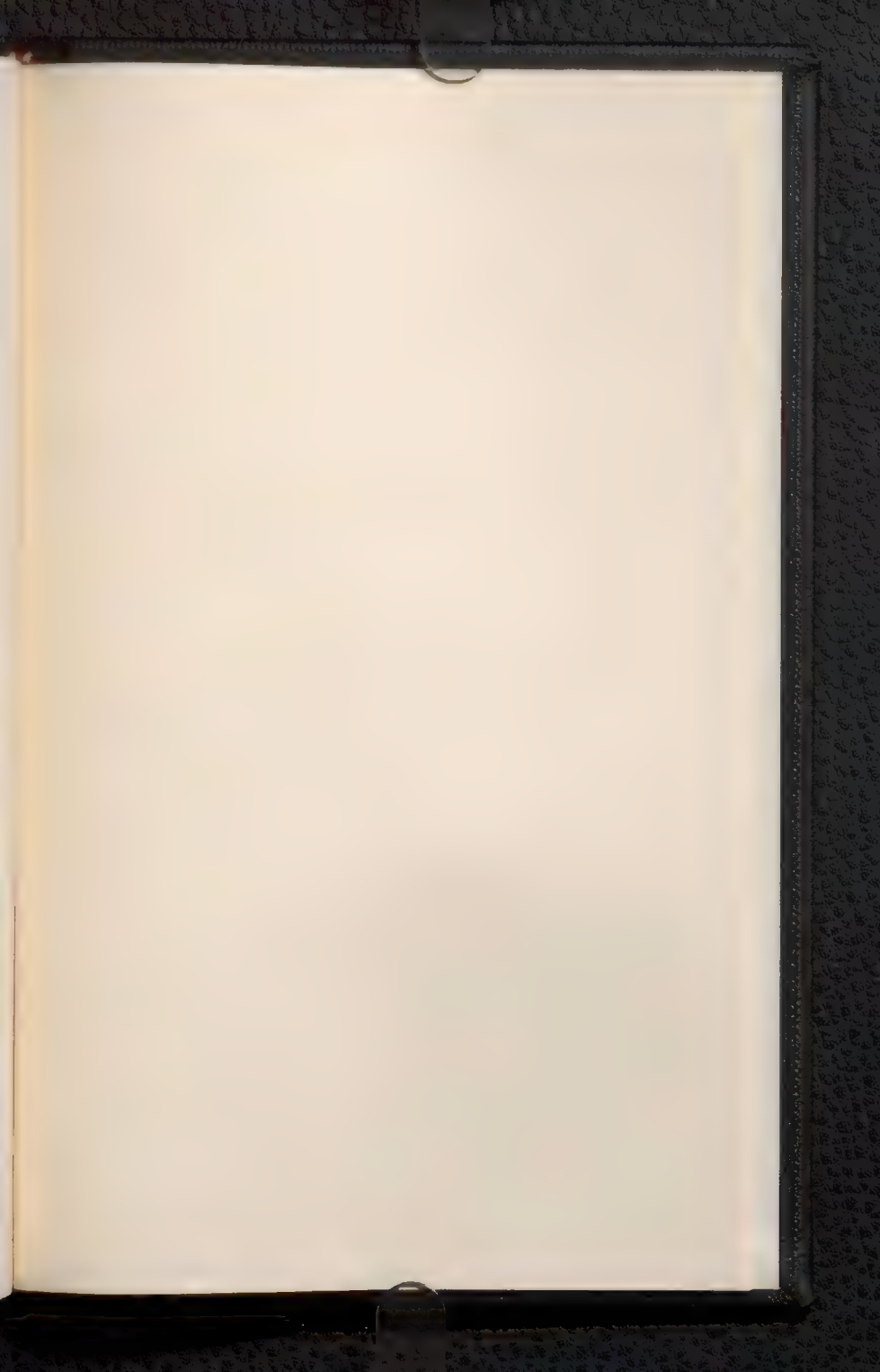


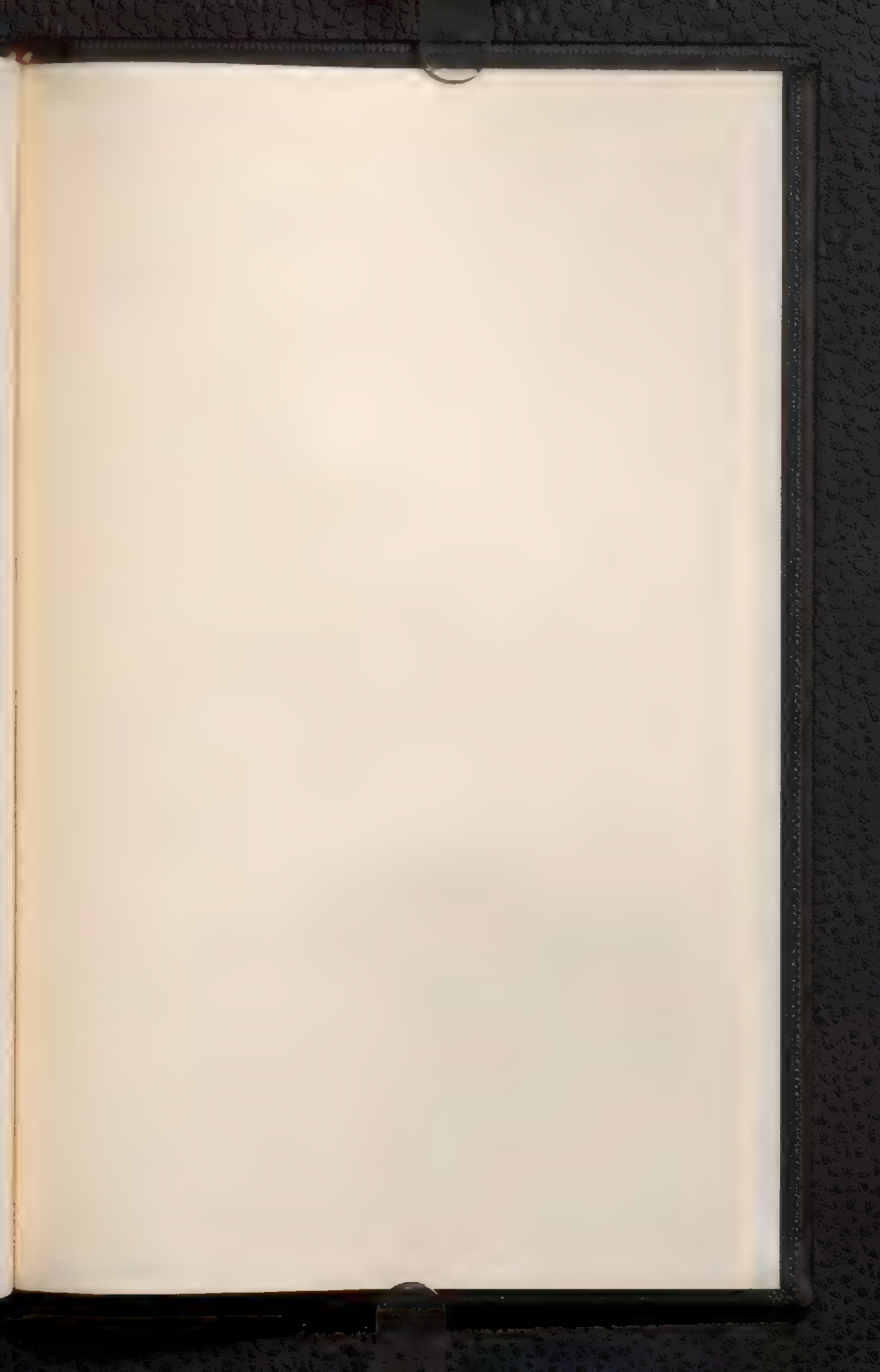




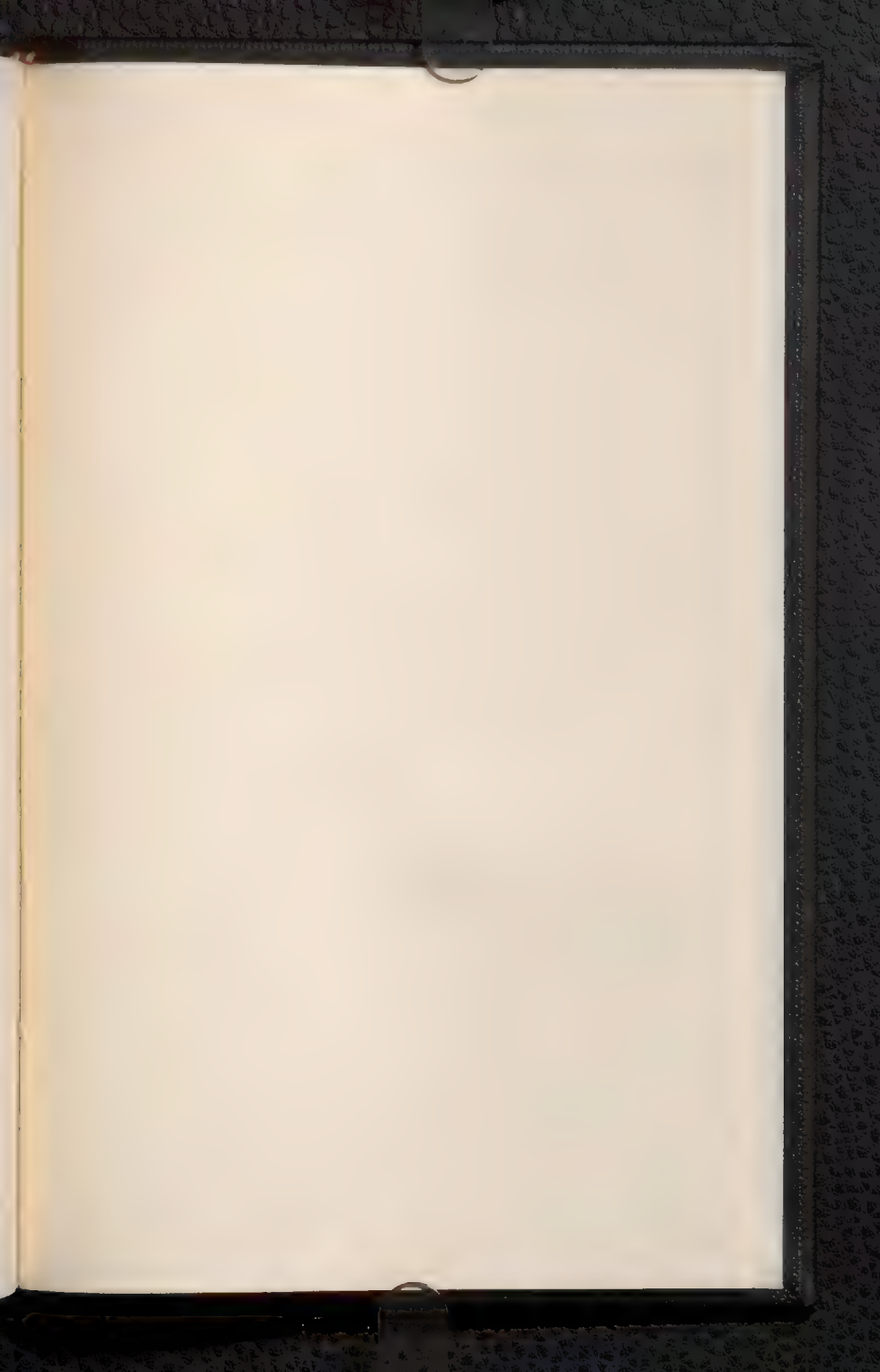




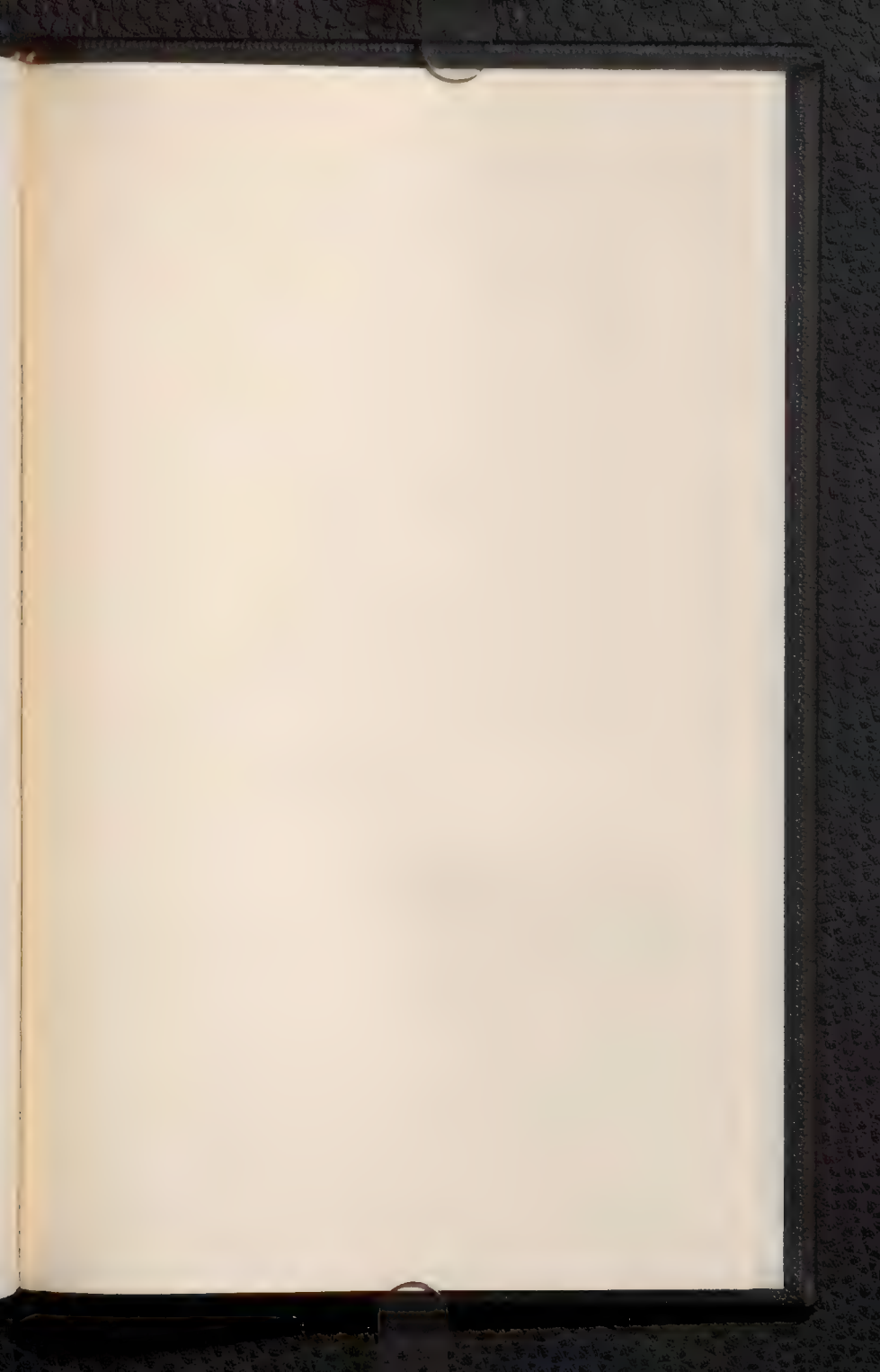




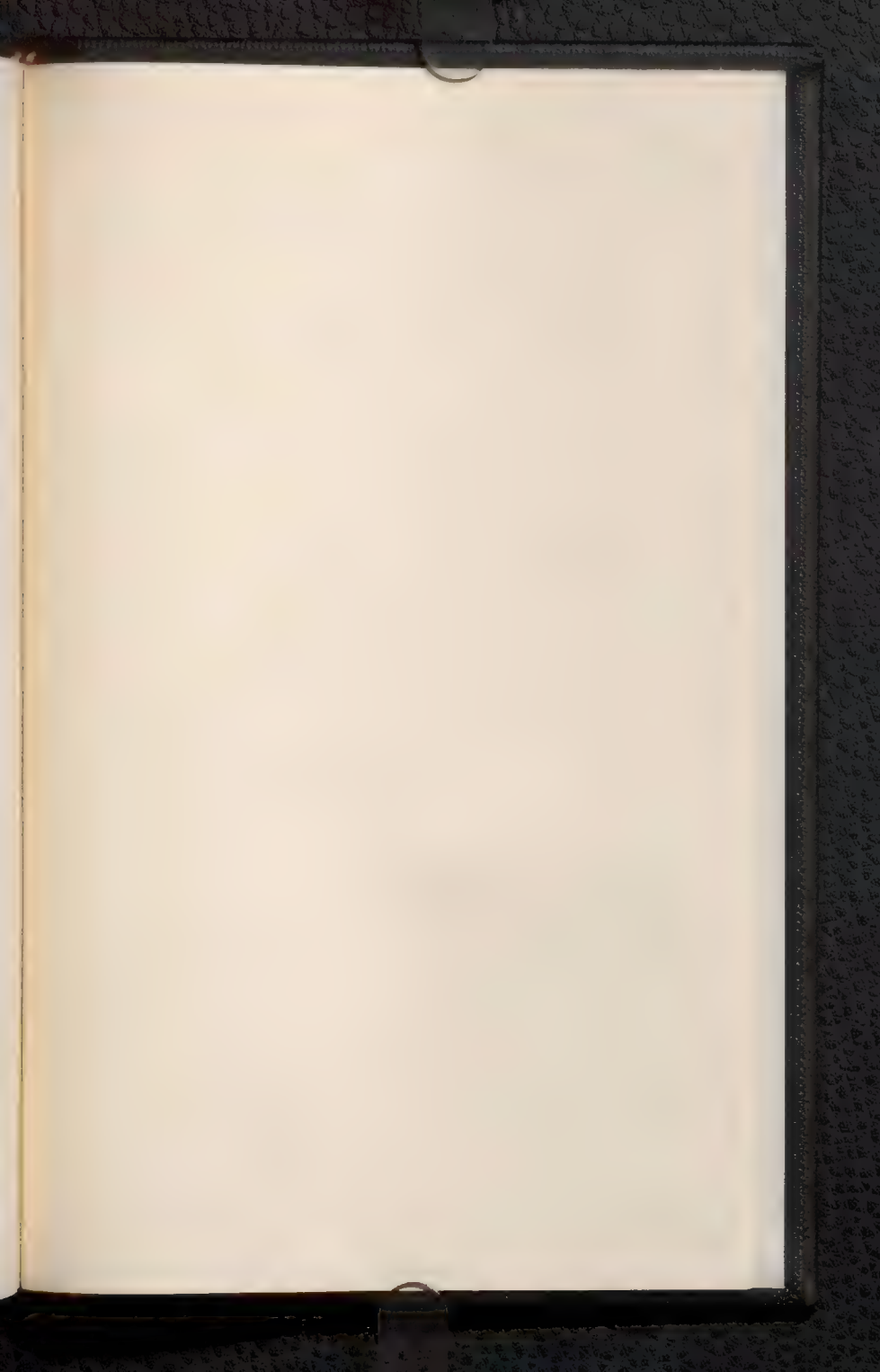


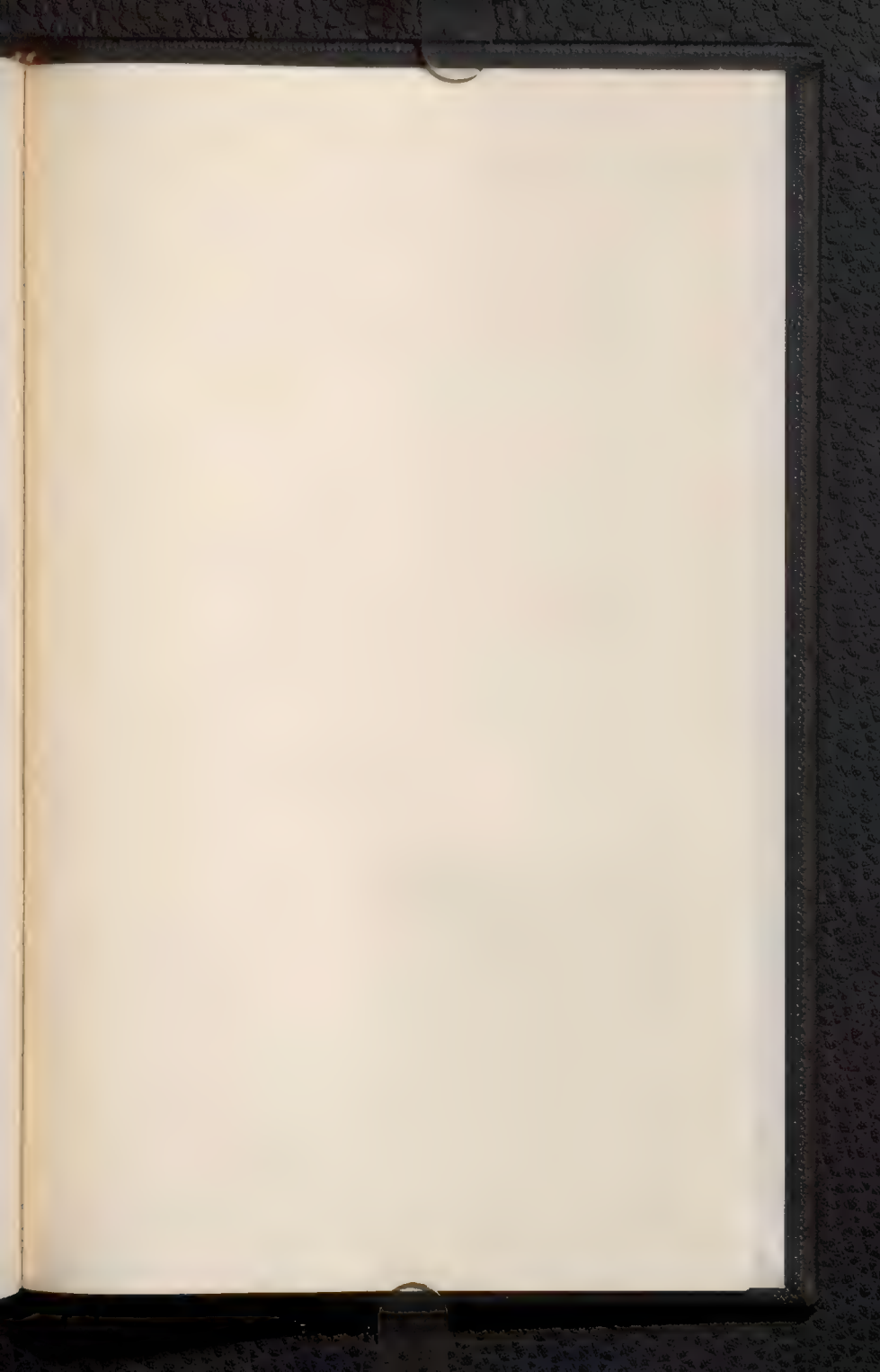




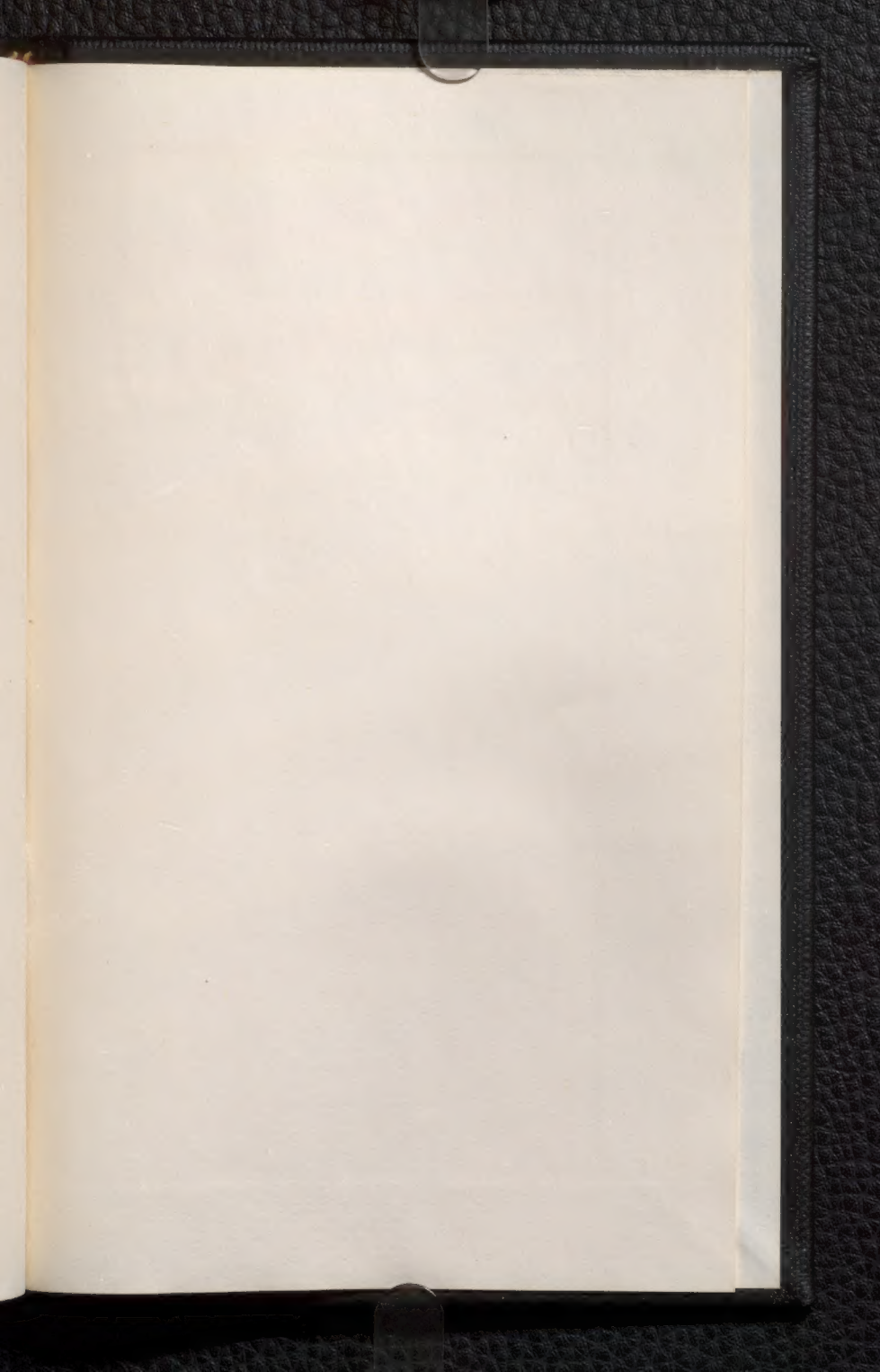












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